DEPT.-65

JOB- 28

REEL- 8

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

FORM RM-1 (11-58) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squores below)

A. ☐ Establish retention period for records which are accumulating daily

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E Farber — Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH.

27801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 10th
4. Place of Birth (Street and Number)	No 234 E Monument St.
5. Full Name of Mother	Mary Matheson
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	G. D. Matheson
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whildge M.D.
Address	
Remarks	

ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 C

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Nov. 10. 1878

4. Place of Birth (Street and Number) S. Schappelstr No 67

5. Full Name of Mother Elisabeth Schmidt

6. Mother's Maiden Name Kraus

7. Mother's Birthplace Buttenhein Beiern

8. Full Name of Father Johann Schmidt

9. Father's Occupation Lebner

10. Father's Birthplace Hirschheid Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr No 28

Remarks Midwife

RETURN OF A BIRTH.

27803

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 10th
4. Place of Birth (Street and Number)	301 N Carey
5. Full Name of Mother	Emma Small
6. Mother's Maiden Name	Emma Herbert
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	A B. Small
9. Father's Occupation	Clerk
10. Father's Birthplace	Hagerstown Md
Name of Medical Attendant, or other Person who makes this Return.	W. Thomas M.D.
Address	131 N Charles
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 December 1878
4. *Place of Birth (Street and Number)* 16 S. Exeter St
5. *Full Name of Mother* Josephine Kelly
6. *Mother's Maiden Name* Josephine Gross
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Dr Thomas Kelly
9. *Father's Occupation* Doctor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Fleming

Address No 12 Albemarle St

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 13 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Nozember 11.d 1878
4. *Place of Birth (Street and Number)* 10 d Waker Str.
5. *Full Name of Mother* Liesabete Markus
6. *Mother's Maiden Name* L Kleiberin
7. *Mother's Birthplace* Gemare
8. *Full Name of Father* Ernst Markus
9. *Father's Occupation* Kabenetmaker
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bondstr.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 11th 1878
4. *Place of Birth* (Street and Number) No. 335 Eastern Avenue
5. *Full Name of Mother* Annie Kane
6. *Mother's Maiden Name* Annie Foley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Kane
9. *Father's Occupation* Boatman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray. Dr J. Gately

Address No 193 South Chester Street

Remarks Healthy Child.

RETURN OF A BIRTH.

27807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third Child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 11/78
4. Place of Birth (Street and Number)	2 Brune St.
5. Full Name of Mother	Anna Simpson
6. Mother's Maiden Name	Quinn
7. Mother's Birthplace	County Donegal, Ireland
8. Full Name of Father	Edward Simpson
9. Father's Occupation	Plumber
10. Father's Birthplace	Lancaster Co Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	A K Fretterhoff M D
Address	77 George St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 11th, 1878
4. Place of Birth (Street and Number) Baltimore. Barre St No. 19
5. Full Name of Mother Catherine Hamburg
6. Mother's Maiden Name " Donellan
7. Mother's Birthplace Ireland
8. Full Name of Father Micheal Hamburg
9. Father's Occupation Engineer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No. 220 Montgomery St Balti

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 11 November 1878
4. Place of Birth (Street and Number) Eden St
5. Full Name of Mother Marie Ceys
6. Mother's Maiden Name Kohler
7. Mother's Birthplace U S
8. Full Name of Father John Ceys
9. Father's Occupation Workingman
10. Father's Birthplace U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E Lombard St

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27810

HEALTH DEPT. NOV 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	Yellow,
3. Date of Birth	Nov 11. 1878
4. Place of Birth (Street and Number)	63 Clay St.
5. Full Name of Mother	Agnes Thomas.
6. Mother's Maiden Name	" Thomas.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Henry Thomas,
9. Father's Occupation	Telegraphic's assistant,
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Morgan,
Address	175 Saratoga St.
Remarks	

Within ten days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 5 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	Collard.
3. *Date of Birth*	November 11th 1878.
4. *Place of Birth (Street and Number)*	No 24. Schuler St.
5. *Full Name of Mother*	Sarah Nichols.
6. *Mother's Maiden Name*	Corthner
7. *Mother's Birthplace*	Tennessee
8. *Full Name of Father*	Sam. Nichols.
9. *Father's Occupation*	Stone Braker
10. *Father's Birthplace*	Tennessee.
Name of Medical Attendant, or other Person who makes this Return.	Chas. M. A. Bull
Address	No 185. Central av cor. Monument St.
Remarks	Well

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 11th 1878
4. *Place of Birth (Street and Number)* No. 3. South Vincent alley
5. *Full Name of Mother* Dora Richwien
6. *Mother's Maiden Name* Dora Schmidt
7. *Mother's Birthplace* Melyungen Germany
8. *Full Name of Father* Charles Richwien
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Anne Dumler

Address 60 Schroter

Remarks

[illegible] the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27813

RETURN OF A BIRTH.

NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Fifth~~ Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 11th 1878
4. *Place of Birth (Street and Number)* No 244 Saratoga St
5. *Full Name of Mother* Catherine Dunlap
6. *Mother's Maiden Name* Catherine Thompson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Amasa H. Dunlap.
9. *Father's Occupation* Speculator
10. *Father's Birthplace* Norwich Connecticut

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M D

Address No 114 Park Ave

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Col^d.
3. Date of Birth 11th Nov.
4. Place of Birth (Street and Number) 9 - Peach ally
5. Full Name of Mother E. Custer
6. Mother's Maiden Name Matthew
7. Mother's Birthplace Virginia
8. Full Name of Father Geo. Custer
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Rachel Doram

Address 122 Henrietta st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 Nov
4. Place of Birth (Street and Number)	N 180 Front St
5. Full Name of Mother	Bridget Connoly
6. Mother's Maiden Name	Canell
7. Mother's Birthplace	Ireland
8. Full Name of Father	Ed Connoly
9. Father's Occupation	Coal Cart
10. Father's Birthplace	County Geal Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 11. 1878
4. *Place of Birth (Street and Number)* S. Registerstr N 35
5. *Full Name of Mother* Margaretha Amtmann
6. *Mother's Maiden Name* Rauh
7. *Mother's Birthplace* Holtfeld Bayern
8. *Full Name of Father* Johann Amtmann
9. *Father's Occupation* Lebner
10. *Father's Birthplace* Gross Teysendorf Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr N 28

Remarks Undwife

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 11 1878
4. Place of Birth (Street and Number)	809 Clay St.
5. Full Name of Mother	Mary Kalzenberger.
6. Mother's Maiden Name	Mary Spiegel.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Frank Kalzenberger.
9. Father's Occupation	Wood Molding
10. Father's Birthplace	Ohio.
Name of Medical Attendant, or other Person who makes this Return.	Miss A. Lindner.
Address	No 45 Manor St
Remarks	

NOV 22 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27818

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1870 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10 th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 11th 1870

4. Place of Birth (Street and Number) No 14 Duke Lane

5. Full Name of Mother Lizzie Walker

6. Mother's Maiden Name Lizzie Holmes

7. Mother's Birthplace Baltimore

8. Full Name of Father John Walker

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 106 West St

Remarks

27819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 11 1878
4. *Place of Birth (Street and Number)* 224 register st
5. *Full Name of Mother* mary ann keller
6. *Mother's Maiden Name* mary ann tracy
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* charles a keller
9. *Father's Occupation* peddler
10. *Father's Birthplace* Elliott city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 11
4. Place of Birth (Street and Number)	Druid Hill Ave near Dolphin
5. Full Name of Mother	Priscilla Ponder
6. Mother's Maiden Name	" Edmunds
7. Mother's Birthplace	Prince George Co.
8. Full Name of Father	James Ponder
9. Father's Occupation	Merchant - retired
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	251 Mad. Ave.
Remarks	Forceps

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27821

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11th November 1878
4. Place of Birth (Street and Number) 14 Smith st
5. Full Name of Mother Fredericka Wolf
6. Mother's Maiden Name Frederika Ness
7. Mother's Birthplace Baltimore
8. Full Name of Father John Wolf
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address 14 Union st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH NOV 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 11th 1878
4. *Place of Birth (Street and Number)* No 75 Elbow Lane
5. *Full Name of Mother* Nannie Gray
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Annarandle Co Maryland
8. *Full Name of Father* Thomas Gray
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	11 th of November
4. Place of Birth (Street and Number)	42 Preston St
5. Full Name of Mother	Catharine Grimes
6. Mother's Maiden Name	Mc Carty
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Grimes
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St
Remarks	

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

278214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 12th
4. *Place of Birth (Street and Number)*	158 Sharp St Bal
5. *Full Name of Mother*	E. H. Jones
6. *Mother's Maiden Name*	E. H. Swift
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Samuel Jones
9. *Father's Occupation*	Sexton
10. *Father's Birthplace*	Anne Arundle Co
Name of Medical Attendant, or other Person who makes this Return.	Midwife Rachel Dixon
Address	122 Hanover St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27823

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 15 1918 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Nov. 14 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Balto Nov 12th 1878.
4. *Place of Birth (Street and Number)* 125 South Durham St.
5. *Full Name of Mother* Mary Bosse.
6. *Mother's Maiden Name* Mary Adam.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Frank Bosse
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address 137 South Wolfe St.

Remarks 4

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 12th 1878
4. Place of Birth (Street and Number) No 142 Register St
5. Full Name of Mother Lomie Weitzel
6. Mother's Maiden Name Lomie Bennett
7. Mother's Birthplace Baltimore
8. Full Name of Father Martin Weitzel
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester Street

Remarks Healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

MISSING

#27826

RETURN OF A BIRTH.

27527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	12 November
4. *Place of Birth (Street and Number)*	110 Howard St.
5. *Full Name of Mother*	Mary E Palm
6. *Mother's Maiden Name*	" " Scholle
7. *Mother's Birthplace*	Prussia
8. *Full Name of Father*	Frederick Palm
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Wurtemberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	1328 South Eutaw St.
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 12th 1878
4. *Place of Birth (Street and Number)* No 142 Register St.
5. *Full Name of Mother* Lonie Weitzell
6. *Mother's Maiden Name* Lonie Bernett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Martin Weitzel
9. *Father's Occupation* Bookkeeper.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester Street

Remarks Healthy Child

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 12
4. Place of Birth (Street and Number)	294 Johnson st
5. Full Name of Mother	Monica Isser
6. Mother's Maiden Name	" " Hegan
7. Mother's Birthplace	Sellersburge ~~Baltimore~~ state of Indiana
8. Full Name of Father	John Isser
9. Father's Occupation	Can Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mrs Ann Ash

27830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 12 d. 1878
4. *Place of Birth (Street and Number)* 114 Lostret
5. *Full Name of Mother* Rathriene Rop
6. *Mother's Maiden Name* Rath. Witzgal
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Friedrig Rop
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 S. Bond Str.

Remarks

...arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27831

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* Nov the 12 18 78
4. *Place of Birth (Street and Number)* McDonul St 228 Baltimore
5. *Full Name of Mother*
6. *Mother's Maiden Name* Francis Hollis
7. *Mother's Birthplace* Harford County Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Regesser St Baltimore

Remarks

RETURN OF A BIRTH.

27532

NOV 29 1878

BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	~~October~~ Nov 12th 1878
4. Place of Birth (Street and Number)	82 North Street
5. Full Name of Mother	Julia Church
6. Mother's Maiden Name	Julia Harris
7. Mother's Birthplace	Norfolk Virginia
8. Full Name of Father	Jacob Church
9. Father's Occupation	Shoemaker
10. Father's Birthplace	North Hampton Co Va
Name of Medical Attendant, or other Person who makes this Return.	E. G. Miles M.D.
Address	57 N Calvert St
Remarks	

Above is the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Nov 12th 1878
4. *Place of Birth (Street and Number)* 205 Park Avenue
5. *Full Name of Mother* Rachel Hornick
6. *Mother's Maiden Name* " McConnell
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Leonard Hornick
9. *Father's Occupation* Wood Turner
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this return Annie Mesarache (Midwife)

Address 220 Preston St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27834

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 19 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Male
3. Date of Birth 12 November 1878
4. Place of Birth (Street and Number) 196 Baltimore St
5. Full Name of Mother Lizie Warner
6. Mother's Maiden Name Brink
7. Mother's Birthplace U S
8. Full Name of Father Fred Warner
9. Father's Occupation Carpenter
10. Father's Birthplace U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 12 1878
4. *Place of Birth (Street and Number)* 10 [illegible] Eastern avenue and Dunkin [illegible]
5. *Full Name of Mother* martha Ella Wagner
6. *Mother's Maiden Name* martha Ella Starr
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Michel John Wagner
9. *Father's Occupation* Canmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Conner [illegible]

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 12th 1878.
4. Place of Birth (Street and Number)	No. 206. N. Wolfe St.
5. Full Name of Mother	Emma J. McNulty.
6. Mother's Maiden Name	Emma J. Ellis
7. Mother's Birthplace	Williamsport Pa.
8. Full Name of Father	James McNulty.
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. F. Taylor. M.D.
Address	No. 210. N. Broadway.
Remarks.	

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren 12ten November
4. Place of Birth (Street and Number) No 284 S. Dallas Str
5. Full Name of Mother Vicktoria Hartling
6. Mother's Maiden Name Vicktoria Kläge
7. Mother's Birthplace Deutschland
8. Full Name of Father Engwärt Hartling
9. Father's Occupation Schuhmacher
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Hemme

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child Baltimore

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of November 1878
4. *Place of Birth (Street and Number)* Baltimore
5. *Full Name of Mother* Francy
6. *Mother's Maiden Name* Kolbotak
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* Mister Kolbotak
9. *Father's Occupation* Labber
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. Mary Fruitish

Address 69 Wilkinson St

Remarks Baltimore City

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 13 November 1878
4. Place of Birth (Street and Number) No 1 E. East St.
5. Full Name of Mother Millie Mohac
6. Mother's Maiden Name Jäger
7. Mother's Birthplace U S
8. Full Name of Father James Mohac
9. Father's Occupation Workingman
10. Father's Birthplace U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Nov 14 1878

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 13th 1878
4. Place of Birth (Street and Number) ~~145 South Durham St~~ 162 Washington St
5. Full Name of Mother Lizzie Ritterbush
6. Mother's Maiden Name Lizzie Eikstorm
7. Mother's Birthplace America
8. Full Name of Father William Ritterbush
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe St

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

278 17

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	13 November 1878
4. *Place of Birth (Street and Number)*	302 Cross St.
5. *Full Name of Mother*	Mary Heinlein
6. *Mother's Maiden Name*	" Kunze
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Heinlein
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St.
Remarks	

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 13th 1878
4. *Place of Birth (Street and Number)* No 103 Plum Alley
5. *Full Name of Mother* Martha Roberts
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 November 1878
4. *Place of Birth (Street and Number)* 36 Eden St
5. *Full Name of Mother* Henriete Burgardt
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* U S
8. *Full Name of Father* Charles Burgardt
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

[illegible] the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1,27844

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	13 Nov
4. Place of Birth (Street and Number) E	24 Watson St
5. Full Name of Mother	Harriet Madison
6. Mother's Maiden Name	Harris
7. Mother's Birthplace	Somerset County Md
8. Full Name of Father	Edward Madison
9. Father's Occupation	White Washer
10. Father's Birthplace	Rich Va
Name of Medical Attendant, or other Person who makes this Return.	Ursula T. Chrismer
Address	No 7 Forrest Place
Remarks	

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27845

HEALTH DEPARTMENT
NOV 21 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 13th 1878
4. Place of Birth (Street and Number)	No. 339 Hamburg st.
5. Full Name of Mother	Mary Schmidt
6. Mother's Maiden Name	Haarscedel
7. Mother's Birthplace	U America
8. Full Name of Father	August Schmidt
9. Father's Occupation	Conducter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

97816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 November
4. *Place of Birth (Street and Number)* 95 Register Street
5. *Full Name of Mother* Sophie Rembach
6. *Mother's Maiden Name* Knauel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Albert Rembach
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Gourley Street

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childr
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 of November 1878
4. *Place of Birth (Street and Number)* No. 51 Dorst Alley
5. *Full Name of Mother* Ana McKnee
6. *Mother's Maiden Name* Miss Ana Kallinger
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael McKnee
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Sabina Grishaber

Address No. 128 West St. Baltimore Md

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27848

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 13 1878
4. Place of Birth (Street and Number)	62 Aisquith str
5. Full Name of Mother	Rachel New
6. Mother's Maiden Name	Rachel Mandelbaum
7. Mother's Birthplace	City of Baltimore
8. Full Name of Father	Marks New
9. Father's Occupation	Horse dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr A Aronsohn
Address	254 N. Caroline str
Remarks	Child well developed and healthy

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27849

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Negro

3. Date of Birth Nov 13th 1878

4. Place of Birth (Street and Number) No 12 Larue Alley

5. Full Name of Mother Amy Liggins

6. Mother's Maiden Name Amy Hagan

7. Mother's Birthplace Petersburg Va

8. Full Name of Father Alfred Liggins

9. Father's Occupation Waiter

10. Father's Birthplace Petersburg Va

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs

Address 42 Sharp st Alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 19 1878 BALTIMORE

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	13th Oct 1878.
4. Place of Birth (Street and Number)	# 15 Wayne st.
5. Full Name of Mother	Harriet Scott.
6. Mother's Maiden Name	Harriet Bryan.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Scott.
9. Father's Occupation	Brick mason.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lucy A Graham.
Address	150 E. Eutaw st. Baltimore.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27851

NOV 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. d.

1. *Sex (state whether Male or Female)* Mädchen.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 13 November 1878.
4. *Place of Birth (Street and Number)* Canton. Potogen St. 11.
5. *Full Name of Mother* Barbara Poster.
6. *Mother's Maiden Name* Schädel.
7. *Mother's Birthplace* Würtemberg.
8. *Full Name of Father* Friedrich Poster.
9. *Father's Occupation* Handarbeiter.
10. *Father's Birthplace* Stuttgard.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address O'Donnell St. 21.

Remarks

RETURN OF A BIRTH.

27852

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nofembr. 13 1878
4. Place of Birth (Street and Number) Shortstr. 43
5. Full Name of Mother Marie Margr. Bach
6. Mother's Maiden Name M. Margrete Mezger
7. Mother's Birthplace Baltimor
8. Full Name of Father Peter Bach
9. Father's Occupation Schuhmaker
10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th of Nov
4. Place of Birth (Street and Number)	65 Madeira Alley
5. Full Name of Mother	S. C. Clark
6. Mother's Maiden Name	S. C. Yearley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	S. Yearley
9. Father's Occupation	Watchman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Bertram
Address	59 Madeira Alley
Remarks	Good Health.

Every person in charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D 78514

HEALTH DEPT NOV 15 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 November
4. *Place of Birth (Street and Number)* 439 West Pratt St
5. *Full Name of Mother* Lina Black
6. *Mother's Maiden Name* Lina Lee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Black
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathren Black

Address 439 West Pratt St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27855

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) White Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 November
4. Place of Birth (Street and Number) Parkin st 122
5. Full Name of Mother Jane Boyle
6. Mother's Maiden Name Jane Cosgrove
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Boyle
9. Father's Occupation Labor
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Cathean Slack

Address 439 West Pratt st

Remarks

RETURN OF A BIRTH.

27856

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 14th 1878
4. *Place of Birth (Street and Number)*	No 185 E. Baltimore Str
5. *Full Name of Mother*	Anna Taudte
6. *Mother's Maiden Name*	A. Smallack
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Albert Taudte
9. *Father's Occupation*	Confectionery
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegust
Address	No 182 E. Monument Str
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 14th
4. Place of Birth (Street and Number)	212 Maryland Ave.
5. Full Name of Mother	Gertrude McCabe
6. Mother's Maiden Name	Knight
7. Mother's Birthplace	Maryland
8. Full Name of Father	James F McCabe
9. Father's Occupation	Contractor
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27858

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 14th 1878
4. Place of Birth (Street and Number)	No 334 Charles st
5. Full Name of Mother	Rosa Bergen
6. Mother's Maiden Name	Gottlieb
7. Mother's Birthplace	Germaney
8. Full Name of Father	Michael Bergen
9. Father's Occupation	Tailor
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Lohweisker midwife
Address	213 Cross st.
Remarks	

...ive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first c

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wite
3. Date of Birth November the 14, 1878
4. Place of Birth (Street and Number) Burk street Between Mcaldry & Jefferson
5. Full Name of Mother Maryann. Brigman
6. Mother's Maiden Name Mary ann Scharwood
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father George. W. Brigman
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Henrietta. A. Glascoe.

Address Burk street extended

Remarks Mother and Child loveing and doing Well.

27860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* de 14 of November 1878
4. *Place of Birth (Street and Number)* No 159 Johnson Street.
5. *Full Name of Mother* Mary Bopp
6. *Mother's Maiden Name* Mary Hendschön
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bopp
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant or other Person who makes this return Sabina Grishaber

Address No 128 West St Baltimore Md.

Remarks

...dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ithin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...orn, its or their physical condition, whether still born or not, the full name, nativity, and residence of ...he parents, and the maiden name of the mother of such child or children.

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
18
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	November 14th 1878
4. *Place of Birth* (Street and Number)	323 Pennsylvania Avenue
5. *Full Name of Mother*	Annie Seemer
6. *Mother's Maiden Name*	" Gordshell
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Edward F. Seemer
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Baltimore Co., Md.
Name of Medical Attendant, or other Person who makes this Return.	Elgis Fawcett
Address	92 Mosher St
Remarks	

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14th November 1878
4. Place of Birth (Street and Number) 198 Eastern Avenue
5. Full Name of Mother Elizabeth Phillips
6. Mother's Maiden Name " Spahn
7. Mother's Birthplace Germany
8. Full Name of Father Cornelius Phillips
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address 236 Canton Avenue.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 14th 1878
4. Place of Birth (Street and Number)	232 Constitution St
5. Full Name of Mother	Annie Bechtel
6. Mother's Maiden Name	Holmes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James G Bechtel
9. Father's Occupation	Silver-Plater
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

27864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 14 November. 1878.
4. Place of Birth (Street and Number) Conton Corley St. 117.
5. Full Name of Mother Anna Maier.
6. Mother's Maiden Name Klein.
7. Mother's Birthplace Hessen = Darmstadt.
8. Full Name of Father Andreas Maier.
9. Father's Occupation Handarbeiter.
10. Father's Birthplace Würtemberg.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address O'Donnell St. 21.

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27865

RETURN OF A BIRTH.

NOV 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5th) Fifth "

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth November 14th 1878
4. Place of Birth (Street and Number) 46 North Fremont Street
5. Full Name of Mother Sarah Frances Hagner
6. Mother's Maiden Name " " Madden
7. Mother's Birthplace Baltimore County Md
8. Full Name of Father William Mathias Hagner
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr J. C. Hummer

Address 189 Lancaster St

Remarks

27866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 3d Child

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* Wet
3. *Date of Birth* 14th November 1878
4. *Place of Birth (Street and Number)* Baltimore Dunkenaley Ne
5. *Full Name of Mother* Kate Fushels
6. *Mother's Maiden Name* Kate Forels
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Joseph Forels
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. Mary Funtish

Address 69 Washington St

Remarks Baltimore

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 1
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 15 1878.
4. Place of Birth (Street and Number)	No. 15 n Ensor Str.
5. Full Name of Mother	Mary Sanders.
6. Mother's Maiden Name	M. Emmrick.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm. Sanders
9. Father's Occupation	Box maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. Dena Hillegeist
Address	182 d E. Monument Str
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 November 1878
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	
4. *Place of Birth (Street and Number)*	170 Wolfe street
5. *Full Name of Mother*	Kate Leipart
6. *Mother's Maiden Name*	Kate Paige
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Phillip Paige
9. *Father's Occupation*	Molder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Webb
Address	99 Lancaster
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15 November
4. Place of Birth (Street and Number) 299 N. Durham Str
5. Full Name of Mother Babry Tesar
6. Mother's Maiden Name " " Zelenka
7. Mother's Birthplace Nehodiv Bohemia
8. Full Name of Father Franc Tesar
9. Father's Occupation Blac-Schmith
10. Father's Birthplace Zablat Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes Str

Remarks

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) F
2. Race or Color (if not of the white race)
3. Date of Birth Nov 15th 1878
4. Place of Birth (Street and Number) 118 S High St
5. Full Name of Mother Rebecca G. Higgins
6. Mother's Maiden Name Rebecca Gaither
7. Mother's Birthplace
8. Full Name of Father Wm D. Higgins
9. Father's Occupation Accountant
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfitt

Address 67 E Baltimore

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27871

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	15th November
4. *Place of Birth (Street and Number)*	364 Saratoga St.
5. *Full Name of Mother*	Mrs Anna Ruettinger
6. *Mother's Maiden Name*	Miss Anna Kirchner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Mr Michel Ruettinger
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Diumler
Address	66 Schroeder
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27872

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 15 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	15 November 1878
4. Place of Birth (Street and Number)	69 Lombard St.
5. Full Name of Mother	Bridget Hall
6. Mother's Maiden Name	Martin
7. Mother's Birthplace	M. D.
8. Full Name of Father	Charles Hall
9. Father's Occupation	Workingman
10. Father's Birthplace	M. D.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sara Casner
Address	82 E. Lombard St
Remarks	

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth November #15 1878

4. Place of Birth (Street and Number) Cookish St no 1

5. Full Name of Mother Ellen Fitzgerald

6. Mother's Maiden Name Ellen roughtigan

7. Mother's Birthplace Ireland Bourish

8. Full Name of Father Jeffry Fitzgerald

9. Father's Occupation Labour

10. Father's Birthplace Kilvine Ireland

Name of Medical Attendant, or other Person who makes this Return. mr Kines medical attendant

Address Locust pound

Remarks address

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 15th 1878

4. Place of Birth (Street and Number) 208 Cochsie St Locust Point

5. Full Name of Mother Margaret Carroll

6. Mother's Maiden Name Margaret Welch

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Carroll

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs John Ettle

Address

Remarks

27875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15 November 1878
4. Place of Birth (Street and Number) 121 1/2 Franklin st.
5. Full Name of Mother Margaretta Kenvig
6. Mother's Maiden Name Margaretta Boehler
7. Mother's Birthplace Germany
8. Full Name of Father Adam Kenvig
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 of November 1878
4. *Place of Birth (Street and Number)* 16 Henrietta St Baltimore
5. *Full Name of Mother* Sarah E Robinson
6. *Mother's Maiden Name* Sarah E. Berrian
7. *Mother's Birthplace* New York
8. *Full Name of Father* Nickolas J. Robinson
9. *Father's Occupation* Engineer
10. *Father's Birthplace* North East. Md.

Name of Medical Attendant, or other Person who makes this Return. Chas H. R. Easley

Address 134 Hamburg St

Remarks

RETURN OF A BIRTH.

27877

HEALTH DEPT NOV 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 15th 1878
4. Place of Birth (Street and Number)	No 387 Charles st
5. Full Name of Mother	Sarah A Murray
6. Mother's Maiden Name	Skinner
7. Mother's Birthplace	America
8. Full Name of Father	Edward Murray
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	G Lohmasser midwife
Address	213 Gross st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH ... NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 15 of November
4. Place of Birth (Street and Number)	No 1[illegible] Somerset St.
5. Full Name of Mother	Boes Seis
6. Mother's Maiden Name	Boes Deilaman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Deilaman
9. Father's Occupation	Laber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Lauer
Remarks	1[illegible] Hoofer [illegible] 1858

RETURN OF A BIRTH.

27877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White "
3. *Date of Birth*	15th of December 1878.
4. *Place of Birth (Street and Number)*	No. 140 Johnson St.
5. *Full Name of Mother*	Ann Sanders
6. *Mother's Maiden Name*	Ann Rockwood
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Sanders
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Melvina Grisholer
Address	No. 128 West St. Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 15 November 1878
4. *Place of Birth (Street and Number)* No 222 Scott Street
5. *Full Name of Mother* Margreth Thory Kassakalis.
6. *Mother's Maiden Name* Margreth Thessen.
7. *Mother's Birthplace* Darmsted.
8. *Full Name of Father* Thermann Kassakalis.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Prussian

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Schlach

Address No. 139. West Pratt Street.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27881

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth fifteenth Nov
4. Place of Birth (Street and Number) Columbia St No. 1.
5. Full Name of Mother Mary Leppert
6. Mother's Maiden Name Mary Kenem
7. Mother's Birthplace Europe
8. Full Name of Father Peter Leppert
9. Father's Occupation Grocer
10. Father's Birthplace Europe (Kulmbach)

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach

Address 439 W. Pratt St.

Remarks

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 tes Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren 15ten November
4. Place of Birth (Street and Number) No 168 S. Dallas
5. Full Name of Mother Barbere Amen
6. Mother's Maiden Name Barbere Amen
7. Mother's Birthplace Deutschland
8. Full Name of Father Kasper Amen
9. Father's Occupation Handarbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Hemme

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 15 1878
4. *Place of Birth (Street and Number)* 232 N. Dallestr.
5. *Full Name of Mother* Julie Georg
6. *Mother's Maiden Name* J. Frank
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Georg Georg
9. *Father's Occupation* Peker Butcher
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr.

Remarks

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth November 15th
4. Place of Birth (Street and Number) Baltimore Cross st 344
5. Full Name of Mother Henerta Hutt
6. Mother's Maiden Name " Weekes
7. Mother's Birthplace Kent Island
8. Full Name of Father John Hutt
9. Father's Occupation Driver on Express Wagon
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address No 338 Cross street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27885

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
18
1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 15th 1878
4. Place of Birth (Street and Number)	Baltimore Light St. No 216
5. Full Name of Mother	Jane Cooney
6. Mother's Maiden Name	Mc Nally
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Cooney
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 220 Montgomery St Balti
Remarks	

27886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPARTMENT NOV 18 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Caucassian
3. Date of Birth November 15 - 1878
4. Place of Birth (Street and Number) Maternite Hospital - 163 W. Lombard St.
5. Full Name of Mother Caroline Welles
6. Mother's Maiden Name " "
7. Mother's Birthplace Va.
8. Full Name of Father Mr. Unknown
9. Father's Occupation "
10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. David Streett Md. Resident Phys.

Address Maternite Hospital - 163 W. Lombard St.

Remarks Labor long but easy and natural - + mother and child at present doing well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27887

HEALTH DEPARTMENT NOV 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 of November
4. *Place of Birth (Street and Number)* Baltimore Hamburg st. No 374
5. *Full Name of Mother* Harriett Deams
6. *Mother's Maiden Name* Harriett Steives
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Deams
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs M. Shaffer

Address South Pacca St Bet Cross and West 415

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
18
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twin and Twin
1. Sex (state whether Male or Female)	Male - Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	Nov 15 1878
4. Place of Birth (Street and Number)	414 N Carey St
5. Full Name of Mother	Lopez. Benaidez
6. Mother's Maiden Name	
7. Mother's Birthplace	Cuba
8. Full Name of Father	José Lopez Benaidez
9. Father's Occupation	Physician
10. Father's Birthplace	Cuba
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry
Address	187 N Howard St
Remarks	Twins born 4 hrs. after decease of Father

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 27889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 16th. 78
4. *Place of Birth (Street and Number)* 251 E. Howard st.
5. *Full Name of Mother* Mary Louisa
6. *Mother's Maiden Name* Lambeka
7. *Mother's Birthplace* New York
8. *Full Name of Father* John George Louisa
9. *Father's Occupation* Grocery dealer
10. *Father's Birthplace* Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27890

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 Nov 1878
4. *Place of Birth (Street and Number)* 81 N. Wolf St.
5. *Full Name of Mother* Margretha Bernhardina Blenker
6. *Mother's Maiden Name* Bauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Blenker
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Pratt St.

Remarks

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 16th 1878
4. Place of Birth (Street and Number)	No 3. Cemetry av.
5. Full Name of Mother	Lilly Tailor.
6. Mother's Maiden Name	" Johnson
7. Mother's Birthplace	Virginia
8. Full Name of Father	George Tailor.
9. Father's Occupation	Rag Merchant.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A Burt.
Address	No 185 E. Cor. Central av. & Monument st.
Remarks	Well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Colored Male
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* 16 Nov. 1878.
4. *Place of Birth (Street and Number)* 276 Orleans St.
5. *Full Name of Mother* Sarah Giles
6. *Mother's Maiden Name* Sarah Hillard
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Samuel Giles
9. *Father's Occupation* driver
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Wm. Marg Wells

Address 125 W. Caroline

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 November 1878
4. *Place of Birth (Street and Number)* Baltimore 256 Eastern Av
5. *Full Name of Mother* Martha A. Blume
6. *Mother's Maiden Name* Martha A. Rinse
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Blume
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hadnack Knowles

Address 165 S. Chester st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

278911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child of Bl[illegible]

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* 16th November 1878
4. *Place of Birth (Street and Number)* Baltimore off St No 1.39
5. *Full Name of Mother* Amey Mosek
6. *Mother's Maiden Name* Amy Roberson
7. *Mother's Birthplace* Holyman
8. *Full Name of Father* Albert Roberson/Bberos
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Fontis

Address 69 Hillsborton St

Remarks Baltimore Md.

RETURN OF A BIRTH.

27895

NOV 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 16th 1878
4. *Place of Birth (Street and Number)*	269 Augusta St Baltimore Md
5. *Full Name of Mother*	Wilhelmina Reese
6. *Mother's Maiden Name*	" " Reese
7. *Mother's Birthplace*	Baltimore, Md
8. *Full Name of Father*	Charles Reese
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this return	John Morris, M.D.
Address	No. 5 Franklin St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 16th 1878.
4. Place of Birth (Street and Number)	Hanford road
5. Full Name of Mother	Caroline Paul
6. Mother's Maiden Name	A Ackermann
7. Mother's Birthplace	Germany
8. Full Name of Father	John Paul
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegeist
Address	No. 182 E. Monument Str
Remarks	

RETURN OF A BIRTH.

27897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 16th 1878
4. Place of Birth (Street and Number)	No. 13. Federal Str
5. Full Name of Mother	Lizzie Bauer
6. Mother's Maiden Name	Shepperd
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos. Bauer
9. Father's Occupation	Stone cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Dena Hillegeist
Address	182 E. Monument St.
Remarks	

27898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. [illegible]

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 16th 1878.
4. *Place of Birth (Street and Number)* 296 Ardonnel St.
5. *Full Name of Mother* Mary Meichel
6. *Mother's Maiden Name* Mary Averhardt.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Meichel.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address 137 South Wolfe Street

Remarks (H)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white race
3. Date of Birth	November the 16th
4. Place of Birth (Street and Number)	Baltimore fort st 1441
5. Full Name of Mother	Suse ann Raney
6. Mother's Maiden Name	Suse ann Harva
7. Mother's Birthplace	anraldal County
8. Full Name of Father	John raney
9. Father's Occupation	laber
10. Father's Birthplace	anraldal County
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Hahorn
Address	1440 fort st
Remarks	

NOV 19 1878

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sabalay 16
4. *Place of Birth (Street and Number)*	Hill St No 139
5. *Full Name of Mother*	Rebecca Gant
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Basil Bowie
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Gaither Jones
Address	No 2 Spring Gate Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Caucasian
3. *Date of Birth*	November 16 1878
4. *Place of Birth (Street and Number)*	142 W. Lombard St.
5. *Full Name of Mother*	Susan Cochran
6. *Mother's Maiden Name*	Susan Seeley
7. *Mother's Birthplace*	Md.
8. *Full Name of Father*	Luzi Cochran
9. *Father's Occupation*	Baggage master
10. *Father's Birthplace*	Md.
Name of Medical Attendant, or other Person who makes this Return.	David Streett MD
Address	163 W. Lombard St.
Remarks,	Labor very painful & rapid.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Nov Saturday Nov 16th 1878 No. 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) yellar
3. Date of Birth november Saturday 16
4. Place of Birth (Street and Number) Rices Alley Betwen Howard & Sharp no number
5. Full Name of Mother Ellen Coals
6. Mother's Maiden Name Ellen Jones
7. Mother's Birthplace Calvert County Md. D
8. Full Name of Father William Coals
9. Father's Occupation Draymen
10. Father's Birthplace Calvert County Md D

Name of Medical Attendant, or other Person who makes this Return. Rosetter Galway

Address Bunker 144 S. Eutaw

Remarks

RETURN OF A BIRTH.

27903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 November
4. *Place of Birth (Street and Number)* 125 Exeter
5. *Full Name of Mother* Karoline Forlenbach
6. *Mother's Maiden Name* Hilscher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Forlenbach
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 1070 Granby Street

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

279011

HEALTH DEPARTMENT
NOV 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Femal
2. Race or Color (if not of the white race)	Witte
3. Date of Birth	Novemb 16
4. Place of Birth (Street and Number)	No 8 Shipley Al
5. Full Name of Mother	Mary Hopkins
6. Mother's Maiden Name	Mary Grant
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hopkins
9. Father's Occupation	Sale the Water
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Burton
Address	5 Madison Al
Remarks	Good Baby

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27905

NOV 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	mulatto.
3. Date of Birth	16 November 1878.
4. Place of Birth (Street and Number)	Canton, Gilmor St.
5. Full Name of Mother	Marie Fleischmann.
6. Mother's Maiden Name	Hess.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Carl Fleischmann.
9. Father's Occupation	Tailor.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Anna Simmen.
Address	9 Donnell St. 21.
Remarks	

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 17th 1878.

4. Place of Birth (Street and Number) No 366 Asquith st.

5. Full Name of Mother Hennora Hemple

6. Mother's Maiden Name Hennora Strottman

7. Mother's Birthplace Germany.

8. Full Name of Father Fredrick Strottman.

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillquist.

Address 182 Monument st.

Remarks

27907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov 17th 1878.
4. Place of Birth (Street and Number) No 190 East St.
5. Full Name of Mother Annie Donahue
6. Mother's Maiden Name Annie Stevens
7. Mother's Birthplace Ireland.
8. Full Name of Father Stephen Donahue
9. Father's Occupation Produce dealer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Hena P. Hillegist

Address 1[illegible] E. Monument St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 17th 1878
4. *Place of Birth (Street and Number)* No. 502 E. Monument Str.
5. *Full Name of Mother* Bertha Waldeck
6. *Mother's Maiden Name* B. Arritzue
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ferdinand Waldeck
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist.

Address 182 E. Monument

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Tohite
2. *Race or Color (if not of the white race)* Nov 17th 1878
3. *Date of Birth* No 325 Penn ave
4. *Place of Birth (Street and Number)* Mary E. Hobbs
5. *Full Name of Mother* " " Chieds
6. *Mother's Maiden Name* Balto Co Md
7. *Mother's Birthplace* C. M. Hobbs
8. *Full Name of Father* Bailif in Tax office
9. *Father's Occupation* Howard Co. Md
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W Lombard St.

Remarks

27910

NOV 25 1878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 November
4. *Place of Birth (Street and Number)* No 5 Fayette St Court
5. *Full Name of Mother* Lizabeth Munyer
6. *Mother's Maiden Name* Sutton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Munyer
9. *Father's Occupation* None
10. *Father's Birthplace* Garming

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 of november
4. *Place of Birth (Street and Number)* 401 Canton Av
5. *Full Name of Mother* Matilda rimby
6. *Mother's Maiden Name* Matilda Hoff
7. *Mother's Birthplace* Germany
8. *Full Name of Father* James R rimby
9. *Father's Occupation* Letercary
10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Miss Wiley

Address No 12 Patterson Park Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

2/9/21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov. 17th. 1878.
4. Place of Birth (Street and Number)	160 German St.
5. Full Name of Mother	Ida Scobell.
6. Mother's Maiden Name	Brashear's
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Jno. A. Scobell
9. Father's Occupation	Clerk.
10. Father's Birthplace	New York.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fiellenhoff M. D.
Address	77 George St.
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 17. November
4. Place of Birth (Street and Number) No 118 Ilhey Street.
5. Full Name of Mother Emma Walter
6. Mother's Maiden Name Emma Beker
7. Mother's Birthplace Danzig Germany
8. Full Name of Father Jacob Walter
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lambert Reiß Hebamme

Address No 26 N Friedrichstrit

Remarks

L. M.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

279111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	17 Nov.
4. Place of Birth (Street and Number)	170 Eagen St
5. Full Name of Mother	Annie Mulligan
6. Mother's Maiden Name	Burns
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mathew Mulligan
9. Father's Occupation	Engineer
10. Father's Birthplace	County Gal Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thomas J Chrissman
Address	no 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 3 17 Nov
4. Place of Birth (Street and Number)	No 30 Neighbor St
5. Full Name of Mother	Mary Cline
6. Mother's Maiden Name	Mulligan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Cline
9. Father's Occupation	Carpenter
10. Father's Birthplace	Dolphin County Pa
Name of Medical Attendant, or other Person who makes this Return.	Urmla T Christina
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27916
27917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT NOV 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th and 9th

1. *Sex (state whether male or female)* both males.
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* Nov. 17. 1878
4. *Place of Birth (Street and Number)* 75 Davis st near Franklin
5. *Full Name of Mother* Alice Jacks.
6. *Mother's Maiden Name* " Jackson
7. *Mother's Birthplace* Md
8. *Full Name of Father* Israel T Jacks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Adam T Daughtie

Address 129 N Bridal

Remarks Both boys well developed; two placentae cord of larger boy around neck, and measured 4 ft 2 inch. all doing well Nov 21st

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27918

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 17th 1878
4. Place of Birth (Street and Number)	342 Light St
5. Full Name of Mother	Clara V Levey
6. Mother's Maiden Name	Clara Krug
7. Mother's Birthplace	Germany
8. Full Name of Father	Robert Levey
9. Father's Occupation	Dry Goods Storekeeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

RETURN OF A BIRTH.

27919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white race
3. Date of Birth November the 17th
4. Place of Birth (Street and Number) Baltimore ranral st No 19
5. Full Name of Mother Lutissey Sykes
6. Mother's Maiden Name Lutissey Huten
7. Mother's Birthplace Baltimore
8. Full Name of Father John Sykes
9. Father's Occupation Huxter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address 140 fort st

Remarks

RETURN OF A BIRTH.

27920

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 17
4. Place of Birth (Street and Number)	165 Riverside ave
5. Full Name of Mother	Mary C Lawton
6. Mother's Maiden Name	Mary C Butler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robt R Lawton
9. Father's Occupation	Safe maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

advise at the birth of any child, within the City Baltimore, shall report to the registrar aforesaid, within [illegible] stating distinctly the [illegible] of birth, sex, and color of child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27921

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th November 1878
4. *Place of Birth (Street and Number)* 164 S. Caroline st
5. *Full Name of Mother* Elizabeth Alles
6. *Mother's Maiden Name* " Ruppert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Benjamin Alles
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) ~~Colard~~ Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth Nov 17
4. Place of Birth (Street and Number) Baltimore Warner st No 152
5. Full Name of Mother Margret Turner
6. Mother's Maiden Name ~~M~~ Brown
7. Mother's Birthplace Kent Island
8. Full Name of Father Isic Turner
9. Father's Occupation Laboring
10. Father's Birthplace Kent Island

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27923

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	born Nov 17 1878
4. Place of Birth (Street and Number)	Maternity Hospital 162 W Lombard
5. Full Name of Mother	Melissa Parker
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Ind.
8. Full Name of Father	Mr Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Slade MD House Phys.
Address	Maternity Hospital - 162 W. Lombard St.
Remarks	Labor easy, natural & rapid & at present both mother & child doing well

27924

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. Sex (state whether Male or Female) Lub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren 18 November
4. Place of Birth (Street and Number) No 9 Will Str
5. Full Name of Mother Carlein Ritt
6. Mother's Maiden Name Carlein Reiß
7. Mother's Birthplace in Süden
8. Full Name of Father John Ritt
9. Father's Occupation Schiffs Arbeiter
10. Father's Birthplace geboren Baltimore

Name of Medical Attendant or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Homme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27925

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 18 Nove 1878
4. Place of Birth (Street and Number) 34 Forest Street
5. Full Name of Mother Mary Johnson
6. Mother's Maiden Name Mary Anthony
7. Mother's Birthplace Baltimore City
8. Full Name of Father Hamm Johnson
9. Father's Occupation Printer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Margret Titus

Address No 5 Douglas Street

Remarks

GIVEN NAME ADDED 12-22-54 27926

RETURN OF A BIRTH.

NOV 25 78 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

George Richard Rebel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 18 1878
4. *Place of Birth (Street and Number)* Baltimore Alexander st 320
5. *Full Name of Mother* Lizzie Rebel
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Rebel
9. *Father's Occupation*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemann

Address 1670 Granby st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27927

NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 18th 1878
4. *Place of Birth (Street and Number)* 450 Eutaw Place
5. *Full Name of Mother* Carrie McCauley Tripp
6. *Mother's Maiden Name* " McCauley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew C. Tripp
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. C. Williams

Address 201 Madison Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27928

HEALTH DEPARTMENT
NOV 25 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 novanber
4. *Place of Birth (Street and Number)* 199 South bond
5. *Full Name of Mother* Annie Riley ~~Annie parker~~
6. *Mother's Maiden Name* Annie parker
7. *Mother's Birthplace* Virginnia
8. *Full Name of Father* John Coffey riley
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Harford Caunty

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

27929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ Eight (8)

1. *Sex (state whether Male or Female)* ~~Not~~ Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 18th 1878
4. *Place of Birth (Street and Number)* No 25 barre street
5. *Full Name of Mother* Ellers Mary Elizabeth Ridgeway
6. *Mother's Maiden Name* " " Mrs Mary Elizabeth Feward
7. *Mother's Birthplace* Glemer aley baltimore md
8. *Full Name of Father* Cornelius Ridgeway
9. *Father's Occupation* Public Expressman
10. *Father's Birthplace* Ridgeway court Baltimore md

Name of Medical Attendant, or other Person who makes this return Milley Gross

Address No 181 york street Baltimore

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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27930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 14th 1878
4. *Place of Birth (Street and Number)*	No 1 Constitution St
5. *Full Name of Mother*	Mary Lizzie ~~Krebs~~ Dick
6. *Mother's Maiden Name*	Mary Lizzie Krebs
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	William Preston Dick
9. *Father's Occupation*	Hostler
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Worden
Address	330 Argyle St
Remarks	

27931

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 of November 1878
4. *Place of Birth (Street and Number)* 267 S. ann St
5. *Full Name of Mother* Mary Sighty
6. *Mother's Maiden Name* Mary Amrinnie
7. *Mother's Birthplace* gammernie
8. *Full Name of Father* Henry Sighty
9. *Father's Occupation* Barkey
10. *Father's Birthplace* gammernie

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether ~~Male~~ or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov. 18th 1878
4. *Place of Birth* (Street and Number)	391 Lexington St
5. *Full Name of Mother*	Hannah B Griffith
6. *Mother's Maiden Name*	Hannah B. Galloway
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John Griffith
9. *Father's Occupation*	Printer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	DeLancey H Barclay M.D.
Address	47 Conway St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27933

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 18th 1878
4. Place of Birth (Street and Number)	No 259 St-Paul
5. Full Name of Mother	Nettie Fisher
6. Mother's Maiden Name	Nettie Schley
7. Mother's Birthplace	Maryland
8. Full Name of Father	Parks Fisher
9. Father's Occupation	Banker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	
Address	Reggin Buchler
Remarks	135 N Chas

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	A Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th November 1878
4. Place of Birth (Street and Number)	100 South Chappel St
5. Full Name of Mother	Louise Burks
6. Mother's Maiden Name	Louise Horney
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Horney
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	11 Worth Chappel St Jr John Kunkel
Remarks	Card Birth lived 5 Minutes

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Nov. 18. 1878
4. *Place of Birth (Street and Number)* Hamsterstr N 113
5. *Full Name of Mother* Katharina Adam
6. *Mother's Maiden Name* Stoder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Adam
9. *Father's Occupation* Ingenuer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address South Wolfstr No 28.

Remarks Midwife

27936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE, CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	46
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov. 18. 1878
4. Place of Birth (Street and Number)	N. Warschington 92
5. Full Name of Mother	Pauline Meusenhalter
6. Mother's Maiden Name	Matheus
7. Mother's Birthplace	Unter Griesheim Schwaben
8. Full Name of Father	Simon Meusenhalter
9. Father's Occupation	Barber
10. Father's Birthplace	Unter Griesheim Schwaben
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Joh. Raupach
Address	South Wolfstr. No 28
Remarks	Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18th November 1878
4. Place of Birth (Street and Number) 35 Biddle Alley
5. Full Name of Mother Ellen Garrett
6. Mother's Maiden Name Ellen Gunis
7. Mother's Birthplace Ireland
8. Full Name of Father Peter G. Garrett
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelmeier

Address 14 Union St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 monday the 12

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth mon 12
4. Place of Birth (Street and Number) henrietta st
5. Full Name of Mother mary williams
6. Mother's Maiden Name mary lilbin
7. Mother's Birthplace
8. Full Name of Father john franklin limbin
9. Father's Occupation draymon
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. margret s Diggs

Address Peach alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	18th Nov
4. *Place of Birth (Street and Number)*	No 10 Lurley st Canton
5. *Full Name of Mother*	Susan ~~McKenna~~ Doyle
6. *Mother's Maiden Name*	Susan McKenna
7. *Mother's Birthplace*	County Clare Ireland
8. *Full Name of Father*	Martin Doyle
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	County Clare Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Sullivan
Address	104 Lurley st Canton
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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27940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 18th 1878
4. *Place of Birth (Street and Number)* No 16 Burch st
5. *Full Name of Mother* Annie White
6. *Mother's Maiden Name* Annie Batch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph White
9. *Father's Occupation* Tobacco
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Steiner

Address No 106 West st

Remarks

27941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 18th 1878
4. Place of Birth (Street and Number) No. 5 Dolphin st
5. Full Name of Mother Teany o Mokraf
6. Mother's Maiden Name Teany n White
7. Mother's Birthplace Baltimore
8. Full Name of Father John Mokraf
9. Father's Occupation Miller
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No. 106 West st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 18th 1878
4. *Place of Birth (Street and Number)* 10 15 Baltimore st
5. *Full Name of Mother* Mary Fogal
6. *Mother's Maiden Name* Mary V Care
7. *Mother's Birthplace* Fredrick County MD
8. *Full Name of Father* Charls Fogal
9. *Father's Occupation* cooper
10. *Father's Birthplace* Union Till Fredrick County MD

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 258 West Rabourg st

Remarks None

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH BALTIMORE NOV 30 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colloured
3. *Date of Birth* Nov 15. 1878
4. *Place of Birth (Street and Number)* 215 Carlton st
5. *Full Name of Mother*
6. *Mother's Maiden Name* A. L. Fax.
7. *Mother's Birthplace* West river
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return Challot proctor

Address no 10 carlton st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 18 1878
4. *Place of Birth (Street and Number)* No 23 state sts
5. *Full Name of Mother* Mary Murry
6. *Mother's Maiden Name* Mary Gorbery
7. *Mother's Birthplace* Carline County Md
8. *Full Name of Father* John Denis Murry
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Easton Shore Md

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubs

Address 42 Sharp sts bley

Remarks

27945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth Nov 18th 78
4. Place of Birth (Street and Number) 3 Rice St near Gilmore St
5. Full Name of Mother Mary Catherine Norris
6. Mother's Maiden Name " " "
7. Mother's Birthplace Balto County
8. Full Name of Father Thomas Cole
9. Father's Occupation Sailor
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. D. Ightant M.D.

Address 219 N. Carey St

Remarks The woman will be married as soon as she is well enough.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
26
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, ~~&c.~~)	
1. *Sex* (state whether *Male* or *Female*)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov the 18th 1878
4. *Place of Birth* (Street and Number)	259 Aliceanna S.t,
5. *Full Name of Mother*	Katherina Müller
6. *Mother's Maiden Name*	" r Ealeman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Müller
9. *Father's Occupation*	Cook
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address	236 Canton av.
Remarks	

27947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 19th 78 21st
4. *Place of Birth (Street and Number)* 412 Cross st
5. *Full Name of Mother* Louisa Nicolaus
6. *Mother's Maiden Name* Zenk
7. *Mother's Birthplace* Hanover Germany
8. *Full Name of Father* John Nicolaus
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S. Eutaw st.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 19 1878
4. *Place of Birth (Street and Number)* 36 Thames st
5. *Full Name of Mother* Hanna Bikern
6. *Mother's Maiden Name* Hanna Keene
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick A Bikern
9. *Father's Occupation* paper hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return mary [illegible] 153

Address Collington avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 29
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 19th
4. *Place of Birth (Street and Number)* [redacted] Broadway
5. *Full Name of Mother* Margaret Williams
6. *Mother's Maiden Name* " Greif
7. *Mother's Birthplace* Germany
8. *Full Name of Father* M. Williams
9. *Father's Occupation* Stone
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return John Morris McD

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 3th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 19 of November 1878
4. *Place of Birth (Street and Number)* No 15 Boltner Street
5. *Full Name of Mother* Kunigunda Kuper
6. *Mother's Maiden Name* Kunigunda Fischer
7. *Mother's Birthplace* Germania Baiern
8. *Full Name of Father* John Kuper
9. *Father's Occupation* Cuperer
10. *Father's Birthplace* Germania Baiern

Name of Medical Attendant, or other Person who makes this return Sabina Grishaber

Address No. 128 West St Baltimore Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ervise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	Novem 19
4. Place of Birth (Street and Number)	No 17 Bradford Al
5. Full Name of Mother	Sophia Sahanhoff
6. Mother's Maiden Name	Sophia Filz
7. Mother's Birthplace	Germany
8. Full Name of Father	Benjamin Sahanhoff
9. Father's Occupation	Carventer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Dutter
Address	59 Libeduay St
Remarks	good Rath

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th of November
4. *Place of Birth (Street and Number)* 261 S ann St
5. *Full Name of Mother* Mary Betz
6. *Mother's Maiden Name* Mary Burk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Betz
9. *Father's Occupation* Schol Mother
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 99 Gloucester St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

27953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of November
4. *Place of Birth (Street and Number)* 251 S. ann St
5. *Full Name of Mother* Sena Brandt
6. *Mother's Maiden Name* Sena Seighmund
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Brandt
9. *Father's Occupation* Laybore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 99 Lancaster St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

279511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 25 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 Nov
4. Place of Birth (Street and Number)	140 Harford Ave
5. Full Name of Mother	Margaret Forrester
6. Mother's Maiden Name	McCourt
7. Mother's Birthplace	Ireland
8. Full Name of Father	Robert Forrester
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Thompson
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

27955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 22 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 19 th
4. *Place of Birth (Street and Number)* 52 Hamburg st
5. *Full Name of Mother* Helen M Ruark
6. *Mother's Maiden Name* Helen M Travers
7. *Mother's Birthplace* B Dorchester Co
8. *Full Name of Father* Edwin R Ruark
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorcester Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH.

27956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 ½

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 19 th November
4. Place of Birth (Street and Number) 507 Baltimore street
5. Full Name of Mother Steinnick
6. Mother's Maiden Name Meane Bauer
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Steinick
9. Father's Occupation Fruitdeader
10. Father's Birthplace Oestreich Soda

Name of Medical Attendant, or other Person who makes this Return. Gerstenberger

Address 14 Pen street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27957.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucassian
3. Date of Birth	Novem 19 1878
4. Place of Birth (Street and Number)	Maternity Hospital 163 W. Lombard,
5. Full Name of Mother	Sarah King
6. Mother's Maiden Name	" "
7. Mother's Birthplace	" "
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett MD
Address	House Phys.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colord.
3. Date of Birth Tuesday Nov 19th 1878
4. Place of Birth (Street and Number) 121 Central ave
5. Full Name of Mother Sophia Jackson.
6. Mother's Maiden Name Sophia Saunders.
7. Mother's Birthplace Baltimore.
8. Full Name of Father John Henry Jackson
9. Father's Occupation Porter
10. Father's Birthplace Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return. Harry E. Barber, #51 Jefferson St

Address

Remarks Not Every

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27959

HEALTH DEPARTMENT
NOV
23
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 November 1878
4. *Place of Birth (Street and Number)* 171 S. Eden St
5. *Full Name of Mother* Anna Wolf
6. *Mother's Maiden Name* Anna Pausch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Wolf
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Straft

Address 236 Caton Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27960

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV
23
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 cl

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th November 1878
4. *Place of Birth (Street and Number)* 305 Canton Avenue
5. *Full Name of Mother* Caroline Rau
6. *Mother's Maiden Name* " Hoffmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Rau
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

27961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov 19th 1878
4. *Place of Birth* (Street and Number)	Cumberland Court No. 8.
5. *Full Name of Mother*	~~Mary C. H.~~ Eugenia H. Bathan
6. *Mother's Maiden Name*	~~Mary H.~~ Luckett
7. *Mother's Birthplace*	Alexandria - Va
8. *Full Name of Father*	Euge H. Bathan
9. *Father's Occupation*	Carriage Finisher
10. *Father's Birthplace*	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	L G Sparrow M. D.
Address	No 427 N. Stricker St
Remarks	

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

27962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 20
4. Place of Birth (Street and Number)	10 Valley St
5. Full Name of Mother	Mary McCardell
6. Mother's Maiden Name	McNeal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H McCardell
9. Father's Occupation	Agricultural Implements
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27963

NOV 30 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* b Colard
3. *Date of Birth* November 21 1878
4. *Place of Birth (Street and Number)* Welcome alley No 62
5. *Full Name of Mother* Theresie Harden
6. *Mother's Maiden Name* Theresia Bush
7. *Mother's Birthplace* Annapolis
8. *Full Name of Father* Charles Harden
9. *Father's Occupation* Sailor
10. *Father's Birthplace* ~~Anna~~ Annapolis

Name of Medical Attendant, or other Person who makes this Return. Sarah Jones

Address No 67 Welcome alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

279614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 20th 11½ P.M. 1878
4. *Place of Birth (Street and Number)* 97 S. Chester Street
5. *Full Name of Mother* Sophia Wilson Amelia
6. *Mother's Maiden Name* Sophia Wilson Harrington
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Lyman Amelia
9. *Father's Occupation* Grave Finisher
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) .....

1. *Sex (state whether Male ~~or Female~~)* .....
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 20th 1878
4. *Place of Birth (Street and Number)* 44 S. Chester st.
5. *Full Name of Mother* Mary Virginia Crouch
6. *Mother's Maiden Name* Mary V. Musgrave
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Albert H. Crouch
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Kent County Md

Name of Medical Attendant, or other Person who makes this return — Nicholas L. Bothwell

Address 207 S. Broadway

Remarks .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 No of Child 8

1. Sex (state whether Male or Female) 5 male and 3 females
2. Race or Color (if not of the white race) Colord
3. Date of Birth november the 20th 1878
4. Place of Birth (Street and Number) Arch Stree no 3
5. Full Name of Mother Mary Bell
6. Mother's Maiden Name mary Trumond
7. Mother's Birthplace ~~Surry~~ Surry Country Va
8. Full Name of Father Wilson Bell
9. Father's Occupation Coach mond
10. Father's Birthplace Princesann County Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Elen Stubs no 42 Sharp St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Twins Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 20th.
4. Place of Birth (Street and Number)	No 6 Woodyear St
5. Full Name of Mother	Bridget Fahey
6. Mother's Maiden Name	Kelly
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Michael Fahey
9. Father's Occupation	Watchman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	Second twins.

27968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 20th 1878
4. Place of Birth (Street and Number) 89 Fairmount ave,
5. Full Name of Mother Mary E. Lowry
6. Mother's Maiden Name Mary E. Tarlton
7. Mother's Birthplace St. Mary's Co. Md.
8. Full Name of Father John Hy. Lowry
9. Father's Occupation Sailmaker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 77 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

97969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 20 November. 1878.
4. Place of Birth (Street and Number) Canton O'Donell St. 35.
5. Full Name of Mother Katharine Fänzen.
6. Mother's Maiden Name Cahn.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Peter Fänzen.
9. Father's Occupation Fuhrlöf und
10. Father's Birthplace Dänemark.

Name of Medical Attendant, or other Person who makes this Return. Anna Zimmer.

Address O Donnell St. 21.

Remarks

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Children
1. Sex (state whether Male or Female)	Last a female
2. Race or Color (if not of the white race)	White,
3. Date of Birth	20th November 1878
4. Place of Birth (Street and Number)	2 4 North Durham st
5. Full Name of Mother	Mari Shwart
6. Mother's Maiden Name	Mari Hibs
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Hibs
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cresentia Kunkel
Address	11 North Chappel st p John Kunkel
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 20 of November 1878
4. *Place of Birth (Street and Number)* No 326 William St.
5. *Full Name of Mother* Annie Weller
6. *Mother's Maiden Name* Annie Rimley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Franck Weller
9. *Father's Occupation* Inschenear
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this return Sabina Grishaber

Address No 128 West St. Baltimor Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	20 of November 1873
4. *Place of Birth (Street and Number)*	No 218 Monogomary Strat
5. *Full Name of Mother*	Margaretha Russel
6. *Mother's Maiden Name*	Margaretha Fiteh
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Peter Russel
9. *Father's Occupation*	Shipp Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Selena Grishaber
Address	No 128 West Strat Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleven Children
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Colcura Child
3. Date of Birth	20 of ~~Oct~~ Dembember
4. Place of Birth (Street and Number)	230 Durham st
5. Full Name of Mother	Mrs Henryette Nickles
6. Mother's Maiden Name	~~Henetter Daved~~ ~~Danwells~~ Henetterd
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Daved Danwells
9. Father's Occupation	Oysters Schuckers
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Harriet Brittan
Address	145 North Eden st
Remarks	

RETURN OF A BIRTH.

279714

HEALTH DEPARTMENT
NOV
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colrd.
3. *Date of Birth* Nov. 20th 1879.
4. *Place of Birth (Street and Number)* 215 N. Carey St.
5. *Full Name of Mother* Jennie Higgins
6. *Mother's Maiden Name* Jennie Artist
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. Richd. Higgins
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Rockville Maryland.

Name of Medical Attendant, or other Person who makes this Return. A S Barton M D

Address 543 Lexington

Remarks Instrumental delivery

27975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Fem,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Nov. 20, 1878.
4. Place of Birth (Street and Number)	N.E. Mulberry & Pine, Sts,
5. Full Name of Mother	Isabel Gorsuch
6. Mother's Maiden Name	Thompson,
7. Mother's Birthplace	Balt,
8. Full Name of Father	James Gorsuch.
9. Father's Occupation	Carpenter,
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Dr W. Thompson
Address	175 Saratoga St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th Nov
4. *Place of Birth (Street and Number)* no No. 11 Donnell st Canton
5. *Full Name of Mother* Elizabeth Gubb
6. *Mother's Maiden Name* Elizabeth Kuhne
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Gubb
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullens

Address 104 Curley st Canton

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 11th child.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	20th November 1878
4. *Place of Birth (Street and Number)*	62 St Peter st.
5. *Full Name of Mother*	Barbara Leimkuhler
6. *Mother's Maiden Name*	" Knapp
7. *Mother's Birthplace*	Baden Germany
8. *Full Name of Father*	John M. Leimkuhler
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs A. Lindner
Address	45 Monroe
Remarks	

RETURN OF A BIRTH.

27978

11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 20th of November 1878
4. Place of Birth (Street and Number) 94 S. Caroline st
5. Full Name of Mother Elizabeth Potter
6. Mother's Maiden Name Elizabeth Steibinger
7. Mother's Birthplace Baltemore
8. Full Name of Father Charles Potter
9. Father's Occupation Saddler
10. Father's Birthplace Baltemore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27979

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 21st 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 20th 1878.
4. *Place of Birth (Street and Number)* 74 Fairmount Ave.
5. *Full Name of Mother* M. A. Franz
6. *Mother's Maiden Name* M. A. Wagner.
7. *Mother's Birthplace* America.
8. *Full Name of Father* J. B. Franz.
9. *Father's Occupation* Bakery.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 C.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	20. of November 1878
4. Place of Birth (Street and Number)	41 20. Abbott St. Baltimore.
5. Full Name of Mother	Josefa Kazeckey
6. Mother's Maiden Name	J. Kupsova.
7. Mother's Birthplace	Bohemia.
8. Full Name of Father	Frantisek Kazeckey.
9. Father's Occupation	~~Ba~~ Laberer.
10. Father's Birthplace	Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Katerina Zizourek
Address	N. 41. Abbott St. Baltimore
Remarks	Born. Live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	4 to 1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov. 21. 1878
4. Place of Birth (Street and Number)	N. Warschington str No 1
5. Full Name of Mother	Elisabeth Grofs
6. Mother's Maiden Name	Rother
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wendlin Grofs
9. Father's Occupation	Lebner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Joh. Braunsch
Address	South Wolf str No 28
Remarks	Wm Imfe

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27982

DEC 9 1878 HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 21st 1878.
4. Place of Birth (Street and Number) 363 Druid Hill Ave
5. Full Name of Mother Emma S. Randall.
6. Mother's Maiden Name Emma S. Jones.
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm D. Randall.
9. Father's Occupation Clerk.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno F. Powell M.D.

Address 227 Canton Ave

Remarks Child Healthy

RETURN OF A BIRTH.

27983

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 11 1878
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	21 1878
4. Place of Birth (Street and Number)	Baltimore Hart st
5. Full Name of Mother	Mary Kelly
6. Mother's Maiden Name	Mary M. Lohan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Kelly
9. Father's Occupation	Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Wolfe
Address	Cable st
Remarks	

RETURN OF A BIRTH.

27984

DEC 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	21 November
4. *Place of Birth (Street and Number)*	18 Granby St
5. *Full Name of Mother*	Terese Donea
6. *Mother's Maiden Name*	Christiance
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Nicel Donea
9. *Father's Occupation*	Plumacher
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr. Para Casper
Address	52 E Lombard St
Remarks	

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 21st
4. *Place of Birth (Street and Number.)* no 1 Forman Alley
5. *Full Name of Mother* Mary E Angelmire
6. *Mother's Maiden Name* Mary E Lilith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mathias Angelmire
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Dunbar & Brother

Address

Remarks

RETURN OF A BIRTH.

27986

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 21st 1878.
4. Place of Birth (Street and Number)	72 Columbia st.
5. Full Name of Mother	Elesebeth Hentzuntz
6. Mother's Maiden Name	Elesebeth Lowenbach
7. Mother's Birthplace	Virginia.
8. Full Name of Father	Hirane Hentzuntz.
9. Father's Occupation	Dyer Merchant
10. Father's Birthplace	Harford Co Md.
Name of Medical Attendant, or other Person who makes this Return.	Thos D'Hennington MD.
Address	98 N Green st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Nov. 21st. 1878
4. *Place of Birth (Street and Number)*	Pine st. 21
5. *Full Name of Mother*	Rachel A Williamson
6. *Mother's Maiden Name*	Rache A Hardy
7. *Mother's Birthplace*	Baltimore County
8. *Full Name of Father*	Fremount Williamson
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Norfolk. va.
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Bias
Address	to the Board of Health
Remarks	

RETURN OF A BIRTH.

27988

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 21 1878
4. Place of Birth (Street and Number) No 218 S Washington
5. Full Name of Mother Louisa Fink
6. Mother's Maiden Name Ritz
7. Mother's Birthplace Baltimore
8. Full Name of Father John Fink
9. Father's Occupation Seaman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S Bond St

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* November 21st 1878,
4. *Place of Birth (Street and Number)* No 162 E. Pratt st Balto Md,
5. *Full Name of Mother* Elizabeth S. Kite,
6. *Mother's Maiden Name* Elizabeth Stevenson,
7. *Mother's Birthplace* Sheffield England,
8. *Full Name of Father* George Kite,
9. *Father's Occupation* Potter in Queens Ware
10. *Father's Birthplace* Warwickshire England

Name of Medical Attendant, or other Person who makes this return J. Redway Anare Md

Address No 1121 E Balto st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Born Nov 21
4. Place of Birth (Street and Number) Baltimore Lyers alley No 80
5. Full Name of Mother Lenie Savoy
6. Mother's Maiden Name " Savoy
7. Mother's Birthplace Baltimore " "
8. Full Name of Father X
9. Father's Occupation X
10. Father's Birthplace X

Name of Medical Attendant, or other Person who makes this Return. Annline Wilson

Address 388 Arch St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November the 21st
4. Place of Birth (Street and Number) 24 Sterling St Baltimore
5. Full Name of Mother Laura Hickman
6. Mother's Maiden Name Laura Ball
7. Mother's Birthplace Baltimore M. D.
8. Full Name of Father Laurence Hickman
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No. 185 A.E. cor. Central av. & Monument St.

Remarks Well

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27999

DEC 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21st 1878
4. Place of Birth (Street and Number)	No 108 Jackson Square ave
5. Full Name of Mother	Emma Leverty
6. Mother's Maiden Name	Emma Burnes
7. Mother's Birthplace	Va
8. Full Name of Father	Michael Leverty
9. Father's Occupation	Butcher
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Monroe ave
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27993

HEALTH DEPARTMENT BALTIMORE DEC 20 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 November
4. *Place of Birth (Street and Number)* 12 Barnes Str
5. *Full Name of Mother* Annetiena Poulat
6. *Mother's Maiden Name* " Rocklitz
7. *Mother's Birthplace* Corcker Bohemia
8. *Full Name of Father* Franz Poulat
9. *Father's Occupation* Backer
10. *Father's Birthplace* Kutenberg Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes Str

Remarks

RETURN OF A BIRTH.

279984

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) —
3. Date of Birth November 21st 1878.
4. Place of Birth (Street and Number) Nicholson Street.
5. Full Name of Mother Elisabeth Vennemann
6. Mother's Maiden Name Elisabeth Ostendorf.
7. Mother's Birthplace ~~Germany~~ Baltimore Md.
8. Full Name of Father Bernard Vennemann
9. Father's Occupation Cigarmaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. C. Dorothea Brune

Address 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

279945

GIVEN NAME ADDED 6-24-53

To the Office of Registrar of Vital Statistics, Board of Health.

NOV 26 1878 BALTIMORE

BALTIMORE CITY.

Name: Julius Goldman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 21 d 1878
4. *Place of Birth (Street and Number)*	285 Fayette
5. *Full Name of Mother*	Mande Goldman
6. *Mother's Maiden Name*	Mande Kann
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Samuel Goldman
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marie R Rachiger
Address	134 N. Bond str.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* Nov 21st 1878
4. *Place of Birth (Street and Number)* 35 St Mary St
5. *Full Name of Mother* Mary Reinhardt
6. *Mother's Maiden Name* " Preis
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Charles Reinhardt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Annie Mesenzehl (Mid)

Address 220 Preston St

Remarks —

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

279907

NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 21st 1878
4. *Place of Birth (Street and Number)* N 1 N. Calvert St
5. *Full Name of Mother* Esther Elizabeth Kelly
6. *Mother's Maiden Name* Esther Elizabeth Armstrong
7. *Mother's Birthplace* Hampden Baltimore County Md
8. *Full Name of Father* John J Kelly
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* County Galaway Ireland

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M.D

Address N 114 Park Ave

Remarks

27998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ave 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 21 Nopember
4. Place of Birth (Street and Number) No 253 Aabse St
5. Full Name of Mother Cily Kallaman N.W.
6. Mother's Maiden Name Cily Manner
7. Mother's Birthplace Germany
8. Full Name of Father Amal Manner
9. Father's Occupation Sailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks 177 Harford ave 1878

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
NOV
25
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord Race
3. Date of Birth Nov the 21-1878
4. Place of Birth (Street and Number) durham St No 3 Baltimore
5. Full Name of Mother
6. Mother's Maiden Name henrietta Bruce
7. Mother's Birthplace Virginia
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Walford

Address 140 Eagester St Baltimore

Remarks

RETURN OF A BIRTH.

~~27999~~
28000

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Novr 21st 1878
4. Place of Birth (Street and Number)	284. E. Baltimore St
5. Full Name of Mother	Mrs Mary Bauthall
6. Mother's Maiden Name	Miss " Cooksey
7. Mother's Birthplace	Balt^o City
8. Full Name of Father	Robert Bauthall Jr
9. Father's Occupation	Engaged at Gunpowder Water Works
10. Father's Birthplace	Balt^o City
Name of Medical Attendant, or other Person who makes this Return.	F. A. McManus
Address	71. Franklin St.
Remarks	Premature birth brought on by over exertion 6½ months pregnancy — lived 5 hours

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25001
25002

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Twins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Boy and Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st of November 1878
4. *Place of Birth (Street and Number)* 1170 S. Wolfe st
5. *Full Name of Mother* Anna Richter
6. *Mother's Maiden Name* Anna Ofers
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Franz Richter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address 236 Canton Avenue

Remarks Twins

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov. 21' 1878
4. *Place of Birth (Street and Number)*	Maternite Hospital - 168 W. Lombard
5. *Full Name of Mother*	Lizzie Hartman
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Md.
8. *Full Name of Father*	Mr. Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this Return	David Streett M.D. House Phys.
Address	Maternite Hospital - 168 W. Lombard St
Remarks	Labor perfectly natural & terminated well.

RETURN OF A BIRTH.

280034

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 21st 1878
4. *Place of Birth (Street and Number)* 42 Leighton St
5. *Full Name of Mother* Mary E Atkinson
6. *Mother's Maiden Name* Hardy
7. *Mother's Birthplace* Baltimore MD
8. *Full Name of Father* Geo K Atkinson
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubs

Address 42 Little Sherk St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2800 XX 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE NOV 20 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 December 1878
4. *Place of Birth (Street and Number)* No. 32 Gilmor Street
5. *Full Name of Mother* Elizabeth Wilson
6. *Mother's Maiden Name* Elizabeth Sulack
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Wilson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Katharine Sulack

Address No 187 West Pratt Street

Remarks

RETURN OF A BIRTH.

28006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Nov. 21, 1878
4. Place of Birth (Street and Number)	199 Division St
5. Full Name of Mother	Mrs Baldwin
6. Mother's Maiden Name	Jameson
7. Mother's Birthplace	Balto
8. Full Name of Father	E Frank Baldwin
9. Father's Occupation	Architect
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry MD
Address	189 N Howard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

280087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 29 1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren 22 November
4. Place of Birth (Street and Number) No 60 Talbert Str
5. Full Name of Mother Lisa Baben
6. Mother's Maiden Name Lisa Wiliam
7. Mother's Birthplace Baltimore
8. Full Name of Father Schoen Baben
9. Father's Occupation Handarbeiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Hamme

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 22nd 1878
4. Place of Birth (Street and Number) 172 Battery Ave
5. Full Name of Mother Florence Binder
6. Mother's Maiden Name " Derr
7. Mother's Birthplace Frederick Co Md
8. Full Name of Father [redacted] Binder
9. Father's Occupation Conductor B. & O. Rail Road
10. Father's Birthplace Harpers Ferry W. Va

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W. Lombard

Remarks

Shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	Nov. 22d 1878.
4. *Place of Birth (Street and Number)*	No. 147. W. Biddle St.
5. *Full Name of Mother*	Mary Elizabeth Bronhardt.
6. *Mother's Maiden Name*	Mary Elizabeth Zeing
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Albert Bronhardt.
9. *Father's Occupation*	Hardware
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Nona Hillegeist.
Address	No. 182 E. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

280 ~~A~~ 910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth No. 285 & Lombard st
4. Place of Birth (Street and Number) November 22nd 1878
5. Full Name of Mother Maragreth Keys
6. Mother's Maiden Name " " " Weikel
7. Mother's Birthplace Baltimore
8. Full Name of Father John Keys
9. Father's Occupation Seamen
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No. 56 S. Bond st.

Remarks

Post any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 22 November 1878.
4. *Place of Birth (Street and Number)* Baltimore County.
5. *Full Name of Mother* Eliezabeth Krether.
6. *Mother's Maiden Name* Kellhogg.
7. *Mother's Birthplace* New-York.
8. *Full Name of Father* Philipp Krether.
9. *Father's Occupation* Farmer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 6, Donnell St. 21.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,8012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 22nd 1878
4. Place of Birth (Street and Number) No 185 South Chester Street
5. Full Name of Mother Mary Creamer
6. Mother's Maiden Name Mary Bobbe
7. Mother's Birthplace Germany
8. Full Name of Father Caspar Creamer
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gray

Address No 193 South Chester Street

Remarks Healthy Child

RETURN OF A BIRTH.

28013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child of Baltimore

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22th November 1878
4. *Place of Birth (Street and Number)* Baltimore Taller st No 24
5. *Full Name of Mother* Slemka
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* Anton [illegible]
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2801 411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
NOV
29
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22nd Nov 1878
4. Place of Birth (Street and Number)	33 East St
5. Full Name of Mother	Alberta Elizabeth Sherman
6. Mother's Maiden Name	Stafford.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Henry Sherman
9. Father's Occupation	Truck Agent
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	C. Jno. Williams M.D.
Address	19 Baltimore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2801 #3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 22
4. Place of Birth (Street and Number)	No 129 N. Eden St
5. Full Name of Mother	Lucinda Meyers
6. Mother's Maiden Name	Gibson
7. Mother's Birthplace	St Marys Co Maryland
8. Full Name of Father	James Meyers
9. Father's Occupation	Doctors Driver
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Med-mfo

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

NOV 25 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 22
4. *Place of Birth (Street and Number)* Baltimore Granby St No 70
5. *Full Name of Mother* Louisa Schultz
6. *Mother's Maiden Name* Louisa Siemon
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Harrison Schultz
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Sophia Simons

Address No 70 Granby St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 22
4. Place of Birth (Street and Number) Baltimore East st No 1711
5. Full Name of Mother Martha Lipskin
6. Mother's Maiden Name Otte
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernst Lipskin
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Summer

Address No 70 Granby st

Remarks

NOV 25 1878

28017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 22 of November
4. Place of Birth (Street and Number) 360 Alicean
5. Full Name of Mother Lizzie Weinkam
6. Mother's Maiden Name Lizzie Ather
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Weinkam
9. Father's Occupation Labora
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. ~~Mrs~~ Wiley

Address No 12 Patterson Park av

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
25
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* Nov the 22:18:78
4. *Place of Birth (Street and Number)* Cassel st No 11 Baltimore
5. *Full Name of Mother* Ann Johnson
6. *Mother's Maiden Name* Amma Cooper
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Thomas Johnson
9. *Father's Occupation* Cooker
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Lourenda Warford

Address 130 Register St Baltimore

Remarks

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23d November 1878.
4. Place of Birth (Street and Number) 478 W Baltimore Street,
5. Full Name of Mother Margaret Ann Frizzell,
6. Mother's Maiden Name " " "
7. Mother's Birthplace Frederick County Maryland,
8. Full Name of Father James W. Frizzell,
9. Father's Occupation Merchant,
10. Father's Birthplace Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139 N. Arlington Avenue Balto.

Remarks Natural labor, Vertex presentation, Mother & child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2802 #1

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* Nov. 23rd. 4 30 P. M. 1878
4. *Place of Birth (Street and Number)* 85 McEldery Street
5. *Full Name of Mother* Rachel Louise Morton
6. *Mother's Maiden Name* Rachael L. West
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Richard Louis Morton
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. James E. Dunville M.D.

Address 299 E. Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 25th
4. *Place of Birth (Street and Number)* 232 Scott St
5. *Full Name of Mother* Clara Wortman
6. *Mother's Maiden Name* Paul
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Wortman
9. *Father's Occupation* Hotel manager
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 S Eutaw St

Remarks

Christian Frederick Wortman
1/24/1921

28023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 23rd 1878
4. Place of Birth (Street and Number) No 7 Hughes St
5. Full Name of Mother Louise Lehnhardt
6. Mother's Maiden Name Louise Forscht
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Lehnhardt
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Wiener

Address No 106 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 November
4. *Place of Birth (Street and Number)* 29 Carolina St
5. *Full Name of Mother* Mina Peichel
6. *Mother's Maiden Name* Dean
7. *Mother's Birthplace* U S
8. *Full Name of Father* Paul Peichel
9. *Father's Occupation* Workingmann
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28025

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) Fourth

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 23rd 1878.
4. *Place of Birth (Street and Number)* 119 Corner Bank & Register St.
5. *Full Name of Mother* Emma Shuler
6. *Mother's Maiden Name* Emma Williams
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* George Washington Shuler
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Gallill

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28026

RETURN OF A BIRTH.

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white 2 415

3. Date of Birth 27 of November

4. Place of Birth (Street and Number) Fremont street 82

5. Full Name of Mother Huidner

6. Mother's Maiden Name Müller 11

7. Mother's Birthplace Cumberland

8. Full Name of Father Tommas Müller 54

9. Father's Occupation Blacksmith

10. Father's Birthplace Virginea

Name of Medical Attendant, or other Person who makes this Return. Gerstenberger

Address 14 Pen Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 23rd 1878
4. Place of Birth (Street and Number)	Baltimore. Hanover St. No 304
5. Full Name of Mother	Rose Knight
6. Mother's Maiden Name	" Kane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm George Knight
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarbrough
Address	NE 220 Montgomery St
Remarks	

28028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23d of December
4. Place of Birth (Street and Number) No 91 North Exeter Street
5. Full Name of Mother Ellen Todd
6. Mother's Maiden Name Ellen Shelton
7. Mother's Birthplace Virginia
8. Full Name of Father L. D. Todd
9. Father's Occupation Tobacconist
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 185 S.E. cor. of Centre & av. Monument St.

Remarks Well

RETURN OF A BIRTH.

28029

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ild of Mother (state whether 1st, 2d, 3d, &c.)	3 The
ate whether Male or Female)	female
r Color (if not of the white race)	White
f Birth	23 November
f Birth (Street and Number)	71 Chesterfield St
me of Mother	Mary A Warner
Maiden Name	Mary A Snyder
Birthplace	Jarrettsville
me of Father	Absalom Warner
Occupation	Oyster Packer
Birthplace	Baltimore
f Medical Attendant, or other Person who makes this Return.	Mrs Warner & Females 165 Chester St

RETURN OF A BIRTH.

2,8030

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 23 1878
4. *Place of Birth (Street and Number)* Cor. Monument and Dunkirk
5. *Full Name of Mother* Sophie Engel
6. *Mother's Maiden Name* Sophie Würzberger
7. *Mother's Birthplace* German
8. *Full Name of Father* Georg Engel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie L. Rudiger

Address 134 N. Bond str

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Colord Race
3. Date of Birth Nov the 23 1878
4. Place of Birth (Street and Number) Mulliken St 232 Baltimore md
5. Full Name of Mother mary L mury
6. Mother's Maiden Name mary Ricks
7. Mother's Birthplace Dorchester County md
8. Full Name of Father Huen mury
9. Father's Occupation Labor
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Lurinda Woolford

Address 130 Legerster St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28032

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 23d 1878.
4. Place of Birth (Street and Number)	348 N Lombard st.
5. Full Name of Mother	Elisabeth Holmes.
6. Mother's Maiden Name	Elisabeth Hulsman.
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	William Holmes.
9. Father's Occupation	Upholsterer.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Silas L Pennington M.D.
Address	98 N Green st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28033

To the Office of Registrar of Vital Statistics, Board of Health, *BALTIMORE CITY.*

HEALTH DEPT. NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 23d 1878
4. *Place of Birth (Street and Number)* No 82 Hedgeau Street
5. *Full Name of Mother* Kate Baker
6. *Mother's Maiden Name* Kate Kile
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Baker
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Dundalk

Name of Medical Attendant, or other Person who makes this return E. Schmidt

Address No 416 Lexington Avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the elevens child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 23 Novemeber
4. *Place of Birth (Street and Number)* harmony 42
5. *Full Name of Mother* Mary J S Boston
6. *Mother's Maiden Name* Mary J Dorsey
7. *Mother's Birthplace* Mongomery M D
8. *Full Name of Father* Jacob Boston
9. *Father's Occupation* labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 258 Rabouge St

Remarks Not ~~an~~ envy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28035

NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Nov 23d 1878
4. *Place of Birth* (Street and Number) East No 195
5. *Full Name of Mother* Margaret Bridge
6. *Mother's Maiden Name* Margaret Bridge
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lemuel O. Brian
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. E. Baldwin

Address 124 N. Exeter St

Remarks

28036

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 23d 1878
4. Place of Birth (Street and Number)	29 N. Gilmor st
5. Full Name of Mother	Sarah White
6. Mother's Maiden Name	Sarah Cooke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. T. White
9. Father's Occupation	Insurance Agent
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A H Loxton M.D.
Address	523 Lexington st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HE NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 Nov
4. Place of Birth (Street and Number)	182 Greenmount Ave
5. Full Name of Mother	Maggie O Brien
6. Mother's Maiden Name	McShane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James O Brien
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Arnold J Schumann
Address	No 7 Forest Place
Remarks	

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11ten Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 24. 1878.
4. *Place of Birth (Street and Number)* N. Dallas St. No 27.
5. *Full Name of Mother* Mary C. Lang
6. *Mother's Maiden Name* Mary C. Singler
7. *Mother's Birthplace* Altenstieg. K. Würtemberg, Germany
8. *Full Name of Father* Friedrich Lang
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Walldorf. K. Würtemberg. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, that of above at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 24
4. *Place of Birth (Street and Number)* Baltimore Saratoga st. nw 126
5. *Full Name of Mother* Emma Müller
6. *Mother's Maiden Name* Frau
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Müller
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sister Julia

Address No 70 Granby st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1878
BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

28011

RETURN OF A BIRTH.

DEC 2 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Novemb 24th 1878
4. Place of Birth (Street and Number) No 9 Shakesphere st
5. Full Name of Mother Mary Fogtman
6. Mother's Maiden Name Meier
7. Mother's Birthplace Germany
8. Full Name of Father Louis Fogtman
9. Father's Occupation Barkeeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gockske

Address No 55 S. Bond st

Remarks

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28042

RETURN OF A BIRTH.

DEC 1910 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. k.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 24 November;
4. *Place of Birth (Street and Number)* 93 Schroeder Street.
5. *Full Name of Mother* Kathrin Heise
6. *Mother's Maiden Name* Kathrin Ernst.
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* J. Henry, Heise.
9. *Father's Occupation* Boxmaker,
10. *Father's Birthplace* Lebanau Hannover,

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dumbs 60 Schroeder

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28042

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 24th 1878
4. *Place of Birth (Street and Number)*	No 31. Dallis St.
5. *Full Name of Mother*	Sarah A Moor
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Unknown.
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butt
Address	No 185 E. cor. Central av. & Monument St.
Remarks	Well.

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28044

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Coled
3. Date of Birth November 24 1878
4. Place of Birth (Street and Number) 106 York street be light & hon
5. Full Name of Mother Maria gross
6. Mother's Maiden Name Maria steward
7. Mother's Birthplace Colbert county
8. Full Name of Father Joshua stewed
9. Father's Occupation Draymon
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Midwif

Address arminta Wilson

Remarks No 10 richers court be Chas light

this is the first one

RETURN OF A BIRTH.

28045

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d /

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 24. 1878
4. *Place of Birth (Street and Number)* 188 n. Karolein Str.
5. *Full Name of Mother* Marie Eck
6. *Mother's Maiden Name* Marie Schroter
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Fleinrich Eck
9. *Father's Occupation* Dresser
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bondstr.

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within ... Baltimore ... to the registrar ... within six days thereafter, stating date of birth ... born, its or their physical condition, whether ... of the parents, and the maiden name of the mother of such child or children.

28046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 24 of November
4. *Place of Birth (Street and Number)* 23 S. Schroeder St.
5. *Full Name of Mother* Heinricke Creutzer.
6. *Mother's Maiden Name* Heinricke Linck.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Gustav Creutzer.
9. *Father's Occupation* Dyers Scourer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Domler

Address 60 Schroter

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28047

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state [redacted] 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 21
4. *Place of Birth (Street and Number)* Baltimore Hamburg St 103
5. *Full Name of Mother* Alice Chatman
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Davis Chatman
9. *Father's Occupation* Store Helper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dunbar Wilson

Address No 388 Cross St

Remarks

RETURN OF A BIRTH.

28048

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 29 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 24th 1878
4. Place of Birth (Street and Number)	No 165 Hamburg st
5. Full Name of Mother	Elisabeth Scheffner
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	America
8. Full Name of Father	Henry Scheffner
9. Father's Occupation	Baker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaier midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24th Nov 1878
4. Place of Birth (Street and Number) Cor Paluxent & Elizabeth St
5. Full Name of Mother Elizabeth
6. Mother's Maiden Name Lohmuller
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Augustus John Hecker
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. E. J. Williams M.D.

Address 17 Paluxent St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of November
4. Place of Birth (Street and Number)	Eager St 437
5. Full Name of Mother	Emily ~~Joseph~~ Rirwin
6. Mother's Maiden Name	Emily Joseph
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank R Rirwin
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Guy . 113 north
Address	Eden st
Remarks	

28051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth 25th Nov.
4. Place of Birth (Street and Number) No 36 N. Frederick Street Baltimore Md
5. Full Name of Mother Treasa Flügel
6. Mother's Maiden Name Treasa Abel
7. Mother's Birthplace Hinfilt Kurhessen Germany
8. Full Name of Father Hermanne Flügel
9. Father's Occupation Dyer
10. Father's Birthplace Hinfelt Kurhessen Germany

Name of Medical Attendant, or other Person who makes this Return. Barber Reuß Gebauer

Address No 26. N. Friedrichstr.

Remarks Lith.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th November 1878
4. Place of Birth (Street and Number) No 302 Canton Avenue
5. Full Name of Mother Marie Schammel
6. Mother's Maiden Name Marie Schwartz
7. Mother's Birthplace Baltimore
8. Full Name of Father George Schammel
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 25th 1878.

4. Place of Birth (Street and Number) No 351 Central Ave.

5. Full Name of Mother Mary Shelleng.

6. Mother's Maiden Name Mary Hartung.

7. Mother's Birthplace Baltimore

8. Full Name of Father Fartenant Shelleng

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 182 E Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

280521

NOV 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Born. Nov. 21st 1878

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White Race.
3. *Date of Birth*
4. *Place of Birth (Street and Number)* Cross. St. No. 42
5. *Full Name of Mother* Margret Sowry
6. *Mother's Maiden Name* Kinlicker.
7. *Mother's Birthplace* Europe.
8. *Full Name of Father* Alexander Sowry
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Fort. Avenue.

Name of Medical Attendant, or other Person who makes this Return. Miss. Conaway

Address

Remarks 4 boys. and 3 girls.

28055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	25th of November
4. *Place of Birth (Street and Number)*	No 540 N. Caroline st.
5. *Full Name of Mother*	Mrs, Fannie Barranger
6. *Mother's Maiden Name*	Miss, Fannie Dietz
7. *Mother's Birthplace*	Baltimore MD
8. *Full Name of Father*	Andrew Jackson, Barranger.
9. *Father's Occupation*	Grocery and Provision dealer
10. *Father's Birthplace*	No. 63. Cor, McElderry and Spring st.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No. 185 S.E. cor. Central av. & Monument St.
Remarks	Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	brown skin
3. Date of Birth	25 th
4. Place of Birth (Street and Number)	11 upton st
5. Full Name of Mother	lucy hill ames
6. Mother's Maiden Name	lucy hill
7. Mother's Birthplace	lancaster county pa
8. Full Name of Father	george ames
9. Father's Occupation	a waiter
10. Father's Birthplace	page county va
Name of Medical Attendant, or other Person who makes this Return.	
Address	Lydia somerville
Remarks	13 clinton avenue

28057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	mulatto.
3. *Date of Birth*	25. November. 1878.
4. *Place of Birth (Street and Number)*	Canton Posten 11.
5. *Full Name of Mother*	Marie Stockmann.
6. *Mother's Maiden Name*	Polluth.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Jacob Stockmann.
9. *Father's Occupation*	Musician
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Anna Simmen.
Address	6, Donnell Pl 21.
Remarks	

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Child, 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov. 25th 1878
4. Place of Birth (Street and Number) Balto 176 Mulliken St
5. Full Name of Mother Martha Butler
6. Mother's Maiden Name Easton
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Daniel H Butler
9. Father's Occupation —
10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. Liddy Lockman

Address No 41 McElderry et Extended

Remarks

28059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov 27 1878

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Balto Nov. 25th 1878
4. *Place of Birth (Street and Number)* 241 South Ann St
5. *Full Name of Mother* Louisia Spangler.
6. *Mother's Maiden Name* Louisia Feech.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Lorenze Spangler
9. *Father's Occupation* Bakery
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe Street

Remarks H

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28060

HEALTH DEPT. NOV 29. 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 26th November.
4. Place of Birth (Street and Number) N 176 Fisquith Street
5. Full Name of Mother Caroline von Irmer
6. Mother's Maiden Name Freut
7. Mother's Birthplace Europe
8. Full Name of Father Reinhold Friedrich von Irmer
9. Father's Occupation Physician
10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. H. R. v. Irmer.

Address N 176 Fisquith Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28061

HEALTH DEPT. NOV 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 25th

4. Place of Birth (Street and Number) Concord St. above Eager

5. Full Name of Mother Mary Sheary

6. Mother's Maiden Name — Finnah

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Sheary

9. Father's Occupation Bayleiter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm. Whitridge M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th of November 1878
4. Place of Birth (Street and Number)	172 S. Green St
5. Full Name of Mother	Mary E. Vable
6. Mother's Maiden Name	Mary E. Becker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Vable
9. Father's Occupation	Coffee inspector
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mund Ladenhall St
Address	98 Fairmount Ave
Remarks	

28063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 26th 1878

4. Place of Birth (Street and Number) Montgomery St No. 238 Balt.

5. Full Name of Mother Catherine Rosbach

6. Mother's Maiden Name " Waidman

7. Mother's Birthplace ~~Baltimore~~ Germany

8. Full Name of Father Phillip Rosbach

9. Father's Occupation Segar Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No. 220 Montgomery St Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 26th 78
4. *Place of Birth (Street and Number)* 54 ft Peter St
5. *Full Name of Mother* Emma Granger
6. *Mother's Maiden Name* ~~Nicolas~~ Nicols
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles. Granger
9. *Father's Occupation* Gold Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S. Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	26 of Nov
4. Place of Birth (Street and Number)	Union ally No 15
5. Full Name of Mother	Goldanna R Smith
6. Mother's Maiden Name	Goldanna Polston
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Fred Smith
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Britton
Address	145 North Eden st
Remarks	

28066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th chd

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Nov 26 1878
4. *Place of Birth (Street and Number)* No 197 Eutaw " [illegible]
5. *Full Name of Mother* Mary O Connor
6. *Mother's Maiden Name* Mary Bushman
7. *Mother's Birthplace* Balto Md W
8. *Full Name of Father* Mary O Connor
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 28 Franklin

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Nov 26. 1878
4. *Place of Birth (Street and Number)* No 299 John st
5. *Full Name of Mother* Mary Lefever
6. *Mother's Maiden Name* Mary Hammond
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Wm Lefever
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 28 Franklin

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 November
4. *Place of Birth (Street and Number)* 13 Lombard St
5. *Full Name of Mother* Betsie Flenes
6. *Mother's Maiden Name* Burkhard
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Flenes
9. *Father's Occupation* Vicar maker
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casner

Address 52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	White Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 26th 78
4. *Place of Birth (Street and Number)*	1 Bethel St below Eastern Ave.
5. *Full Name of Mother*	Maria Reicenwalt.
6. *Mother's Maiden Name*	Maria Kraft.
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Reicenwalt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

28070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Born Nov 26
4. Place of Birth (Street and Number) Baltimore Leyers Ave 78
5. Full Name of Mother Kaline Dyer
6. Mother's Maiden Name " Lee
7. Mother's Birthplace Baltimore
8. Full Name of Father Sam Dyer
9. Father's Occupation Brickmaker & Oyster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address 388 Cross street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28071

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 6 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 26th
4. Place of Birth (Street and Number)	N. Bethel St. No. 104
5. Full Name of Mother	Mary J. Hudgins.
6. Mother's Maiden Name	" " Collins
7. Mother's Birthplace	New York
8. Full Name of Father	Carlos Hudgins
9. Father's Occupation	Gas Fitter.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mellwell
Address	186 McDonogh st
Remarks	

28072

DEC 11 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 26 Nov 1878
4. *Place of Birth (Street and Number)* 128 Eadwood Street
5. *Full Name of Mother* Mandy Brown
6. *Mother's Maiden Name* Mandy Lewis
7. *Mother's Birthplace* Gispenner County Va
8. *Full Name of Father* Joseph Brown
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 10 Chestnut Street Mother's Mat

Remarks Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	Nov 21st 1878.
4. *Place of Birth (Street and Number)*	No 138 South St
5. *Full Name of Mother*	Fannie Cohen
6. *Mother's Maiden Name*	Fannie Jacobson
7. *Mother's Birthplace*	Russia
8. *Full Name of Father*	Sundle Cohen
9. *Father's Occupation*	Peddler
10. *Father's Birthplace*	Russia
Name of Medical Attendant, or other Person who makes this return	James Ridgway Pudre M D
Address	No 121 E Pratt St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2807 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 26 1878
4. Place of Birth (Street and Number)	23 Hanbury St
5. Full Name of Mother	Martha Dayton
6. Mother's Maiden Name	Martha Thomas
7. Mother's Birthplace	Md
8. Full Name of Father	Samuel Dayton
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Stolle M D
Address	17 Hanover
Remarks	

28075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 26 th 1878
4. Place of Birth (Street and Number)	No 351 Charles st
5. Full Name of Mother	Margareth Müller
6. Mother's Maiden Name	Schmees
7. Mother's Birthplace	America
8. Full Name of Father	John Müller
9. Father's Occupation	Dyer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schnaseder midwife
Address	213 Cross st.
Remarks	

28076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Nov 26th 1878
4. *Place of Birth (Street and Number)*	No 94 Fort av.
5. *Full Name of Mother*	Anna Martin
6. *Mother's Maiden Name*	Deemer
7. *Mother's Birthplace*	America
8. *Full Name of Father*	William Martin
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster midwife
Address	213 Cross st.
Remarks	

RECEIVED NOV 29 1878 BALTIMORE

RETURN OF A BIRTH.

28077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White Race
3. *Date of Birth*	Tuesday Nov 26th
4. *Place of Birth (Street and Number)*	Foot Ridgely St
5. *Full Name of Mother*	Mrs Elizabeth Baumaschmidt
6. *Mother's Maiden Name*	Elizabeth Mott
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Baumaschmidt
9. *Father's Occupation*	Beer — Brewer
10. *Father's Birthplace*	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Catharine Minnick
Address	No 98 Leadenhall St
Remarks	

28078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Called
3. Date of Birth November 27
4. Place of Birth (Street and Number) Baltimore Md 11 Howes Court
5. Full Name of Mother Susand Mitchell
6. Mother's Maiden Name
7. Mother's Birthplace Salbry of Va Co
8. Full Name of Father Henry Mitchell
9. Father's Occupation Labor
10. Father's Birthplace Salbo

Name of Medical Attendant, or other Person who makes this Return. Mr Carline Fisher

Address No 9 Howes Court

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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NOV 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 27 1878.
4. *Place of Birth (Street and Number)* Leadenhall Street 84.
5. *Full Name of Mother* Carolina Seibel
6. *Mother's Maiden Name* Carolina Frank.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* Frederick Seibel.
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Browne

Address 114 Battery Pl

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
4
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Nov. 27. 1878.
4. Place of Birth (Street and Number)	62 Wilson Alley
5. Full Name of Mother	Martha Caldwell
6. Mother's Maiden Name	Nelmsley
7. Mother's Birthplace	Eastern Shore, Md
8. Full Name of Father	Wm Caldwell,
9. Father's Occupation	Waiter,
10. Father's Birthplace	Philadelphia, Pa
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M.D.
Address	247 Lawale St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 27th 1878
4. *Place of Birth (Street and Number)* No 40 Pattison Park Avenue
5. *Full Name of Mother* Jennie Nelson
6. *Mother's Maiden Name* Jennie Roberts
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Alex Nelson
9. *Father's Occupation* P. W. B. R R Employee
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth F. Ray

Address No 193 South Chester Street Baltimore Md

Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

DEC 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 27th 1878
4. *Place of Birth* (Street and Number) No 63 Clinton St
5. *Full Name of Mother* Annie Witzill
6. *Mother's Maiden Name* Annie Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Witzill
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frau

Address No 193 South Chester St Baltimore Md

Remarks Healthy Child

28083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
2
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	27 of November 1878
4. *Place of Birth (Street and Number)*	No. 225 William St.
5. *Full Name of Mother*	Louisa Brown
6. *Mother's Maiden Name*	Louisa Wilder
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Adam Brown
9. *Father's Occupation*	Laiborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Sabina Grisharber
Address	No 128 West St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 27th 1878
4. Place of Birth (Street and Number)	No. 8 Castle St.
5. Full Name of Mother	Mary Clappenberger Snieder
6. Mother's Maiden Name	Mary Clappenberger.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Snieder
9. Father's Occupation	Tailor
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary E. Simms
Address	# 171 S. Washington Str.
Remarks	F.P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 6 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Nov. 27th
4. *Place of Birth (Street and Number)*	356 E. Fayette St.
5. *Full Name of Mother*	Mary Susannah Allwell
6. *Mother's Maiden Name*	" " Lee
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Stephen Sylvester Allwell
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Allwell
Address	256 McDonough St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
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1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th November 1878
4. *Place of Birth (Street and Number)* 227 S. Dallas st
5. *Full Name of Mother* Corguete Braechler
6. *Mother's Maiden Name* Corguete Schaffer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Braechler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address 204 S. Dallas st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
DEC
19
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd,

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27th Inst
4. *Place of Birth (Street and Number)* N. W. Cor. Baltimore & Calvert
5. *Full Name of Mother* Carola Murphy
6. *Mother's Maiden Name* Sarah Sollers
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John V. Murphy
9. *Father's Occupation* Oil & Paint Store
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address S. W. Colvert & Redwood

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 27 of Nov. 1873
4. *Place of Birth (Street and Number)* Balair Av.
5. *Full Name of Mother* Carlina Shweigert
6. *Mother's Maiden Name* C. H. Heath
7. *Mother's Birthplace* Hessen Germ.
8. *Full Name of Father* Joseph Shweigert
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* born in Sachsen G.

Name of Medical Attendant, or other Person who makes this return Mrs. Hiles

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPT. OF HEALTH BALTIMORE DEC 3 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 11th

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 27 of Nov. 1878
4. *Place of Birth (Street and Number)* Baltic Av.
5. *Full Name of Mother* Kate Hellerfer
6. *Mother's Maiden Name* Kate Lauer
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* John J. Hellerfer
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Hiller

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28090

RETURN OF A BIRTH.

NOV 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* November 28th 1878

4. *Place of Birth (Street and Number)* Cross Street No 119.

5. *Full Name of Mother* Caroline Smith.

6. *Mother's Maiden Name* Caroline Koch

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Carl Smith

9. *Father's Occupation* Tin Smith.

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Arthur Burns

Address 114 Patterson Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28091

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 28: 10 4m A. M. 1878 Twin
4. Place of Birth (Street and Number) 232 Chew St.
5. Full Name of Mother Harriet Cooper Stratmeyer
6. Mother's Maiden Name Harriet C. Root
7. Mother's Birthplace Baltimore City
8. Full Name of Father J. Henry Stratmeyer
9. Father's Occupation Oyster Packer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Kemille M.D.

Address 299 E. Baltimore Street.

Remarks

RETURN OF A BIRTH.

28092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto 30

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Balto 28 th 1878.
4. *Place of Birth (Street and Number)* 141 South Wolfe St
5. *Full Name of Mother* Katie Stoos
6. *Mother's Maiden Name* Katie Trautman
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Stoos
9. *Father's Occupation* Policemen
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary E. Amend

Address 137 South Wolfe St.

Remarks Ctr

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 November
4. *Place of Birth (Street and Number)* 135 Eastern st
5. *Full Name of Mother* Marie Ken
6. *Mother's Maiden Name* Ross
7. *Mother's Birthplace* M D
8. *Full Name of Father* Patrick Ken
9. *Father's Occupation* Tavern Keeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Para Kasper

Address 52 E Lombard st

Remarks

RETURN OF A BIRTH.

280911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
2
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 November
4. *Place of Birth (Street and Number)* 65 S Bond st
5. *Full Name of Mother* Frederica Siegel
6. *Mother's Maiden Name* Hoffman
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Anthon Siegel
9. *Father's Occupation* Gas fitter
10. *Father's Birthplace* Saxony

Name of Medical Attendant, or other Person who makes this Return. Henry Koch

Address 328 S Eutaw st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex* (state whether Male or Female)	M.
2. *Race or Color* (if not of the white race)	W.
3. *Date of Birth*	Nov. 28th 1878
4. *Place of Birth* (Street and Number)	155 E Madison St
5. *Full Name of Mother*	Maggie
6. *Mother's Maiden Name*	Eggers
7. *Mother's Birthplace*	Penna
8. *Full Name of Father*	Frank W. Benson
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Penna
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
2
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov. 28/78.
4. Place of Birth (Street and Number)	67 George St
5. Full Name of Mother	Ellen B. Klauman.
6. Mother's Maiden Name	Wanthen.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Richard D. Klauman.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M. D.
Address	77 George St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPT. DEC 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	28 of November 1878
4. *Place of Birth (Street and Number)*	No. 192 Battery Avenue
5. *Full Name of Mother*	Mary Padden
6. *Mother's Maiden Name*	Mary Kelly
7. *Mother's Birthplace*	Irland
8. *Full Name of Father*	Patrick Padden
9. *Father's Occupation*	Laiborer
10. *Father's Birthplace*	Irland
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	No. 128 West St Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 28th
4. *Place of Birth* (Street and Number) 366 W. Fayette St
5. *Full Name of Mother* Gertrude Dorsey
6. *Mother's Maiden Name* Gertrude Lyddane
7. *Mother's Birthplace* Rockville, Montgomery County Md.
8. *Full Name of Father* Wm Dorsey
9. *Father's Occupation* B. & O. R. R. Conductor
10. *Father's Birthplace* Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return, Thomas R. Brown M.D

Address Arnold St & Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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CITY DEPARTMENT
DEC
6
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 28th. 1878 (Thursday)
4. Place of Birth (Street and Number)	280 N. Front St.
5. Full Name of Mother	Jennie Thompson
6. Mother's Maiden Name	Jennie Blizzard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Thompson
9. Father's Occupation	Printer
10. Father's Birthplace	Accomac Co Va.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25 ½ Greenmount Ave
Remarks	"Vertex Presentation"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28100

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
9
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th November 1878
4. *Place of Birth (Street and Number)* 244 Alice Anna st
5. *Full Name of Mother* K Michel
6. *Mother's Maiden Name* K Lohner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* K Michel
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Friedrike Kaufmann

Address 204 S. Dallas st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 28th 1878
4. *Place of Birth (Street and Number)* 96 Orleans Str.
5. *Full Name of Mother* Elise Niemann
6. *Mother's Maiden Name* Q. Thuer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Niemann
9. *Father's Occupation* Organ builder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C. Eng. Hillegeist

Address 182 E. Monument St.

Remarks

28102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 28th 1878

4. Place of Birth (Street and Number) No. 220 Chase St.

5. Full Name of Mother Francis Rossa

6. Mother's Maiden Name Francis Russ

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Rossa

9. Father's Occupation Wheelwright

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegist

Address No. 182 E Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 of novender 1878
4. *Place of Birth (Street and Number)* 267 Bank st
5. *Full Name of Mother* Maggie Greely
6. *Mother's Maiden Name* Maggie Wrightson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Greely
9. *Father's Occupation* Marine
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

28104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	28th of Nov 1878
4. *Place of Birth (Street and Number)*	No 12 Point Lane
5. *Full Name of Mother*	Kate Heinz
6. *Mother's Maiden Name*	Kate Pittsey
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Charles A. Heinz
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Walker
Address	135 N. Canton
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	28 of Nov 1878
4. *Place of Birth (Street and Number)*	128 Caroline St.
5. *Full Name of Mother*	Mary Wagner
6. *Mother's Maiden Name*	Mary Zimmerman
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Louis Wagner
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Walker
Address	
Remarks	125 N Caroline

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Nov 28th 1878
4. *Place of Birth (Street and Number)*	No 10 Clemens st.
5. *Full Name of Mother*	Jenney Davis
6. *Mother's Maiden Name*	Gormly
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Bernhard Davis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 28th 1878
4. *Place of Birth (Street and Number)* No 1 Bartlett Street
5. *Full Name of Mother* Emaline Cissy
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address No 11 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	November 28th 1878
4. *Place of Birth (Street and Number)*	23 Biddle Alley
5. *Full Name of Mother*	Bridget Hess
6. *Mother's Maiden Name*	" Burns
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Chas. Hess
9. *Father's Occupation*	Carter
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this return	Annie Mesenzeke (Midwife
Address	220 Exeter St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 28th 1878
4. *Place of Birth (Street and Number)* 612 South Charles St
5. *Full Name of Mother* Marguetta Wales
6. *Mother's Maiden Name* Marguetta Malone
7. *Mother's Birthplace* England
8. *Full Name of Father* Thomas L. Wales
9. *Father's Occupation* Foreman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address

Remarks

RETURN OF A BIRTH.

28110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c~~)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov the 29th 1878
4. Place of Birth (Street and Number)	160 S Wolf Street
5. Full Name of Mother	Susanna Schauer
6. Mother's Maiden Name	" " Köhler
7. Mother's Birthplace	Germany
8. Full Name of Father	Robert Schauer
9. Father's Occupation	Seeman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address	236 Canton ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Nov 30th 1878.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Balto Nov 29th 1878.
4. *Place of Birth (Street and Number)* 126 Lancaster St.
5. *Full Name of Mother* Katie Heins.
6. *Mother's Maiden Name* Katie Longstein.
7. *Mother's Birthplace* America
8. *Full Name of Father* Peter Heins
9. *Father's Occupation* Ragman.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 132 S. Wolfe Street.

Remarks ch

28112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 November
4. *Place of Birth (Street and Number)* 65 Canal St
5. *Full Name of Mother* Rebeca Fermingham
6. *Mother's Maiden Name* Mencadden
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Fermingham
9. *Father's Occupation* Ess Driver
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

RETURN OF A BIRTH.

2811.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* November 29th

4. *Place of Birth (Street and Number)* 53 Wyeth Street

5. *Full Name of Mother* Caroline Rhinehart

6. *Mother's Maiden Name* " Leter

7. *Mother's Birthplace* Wirtemberg (Germany)

8. *Full Name of Father* Henry Rhinehart

9. *Father's Occupation* Cigarmaker

10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

28114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	4th
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	Nov 29th 78
4. Place of Birth (Street and Number)	13 McHenry St.
5. Full Name of Mother	Lizzie B. Fordenbaugh
6. Mother's Maiden Name	" " Robbs
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Fordenbaugh
9. Father's Occupation	Box Maker
10. Father's Birthplace	Baden, Germany
Name of Medical Attendant, or other Person who makes this Return.	John J. R. Brozed Ltd.
Address	" "
Remarks	City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child,

1. Sex (state whether Male or Female) female,
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 29, 1878.
4. Place of Birth (Street and Number) No. 1, Clinton Av.
5. Full Name of Mother Elisabeth A. Miller,
6. Mother's Maiden Name Rowse
7. Mother's Birthplace Tamaqua Penna.
8. Full Name of Father Rev. Jno. P. Miller,
9. Father's Occupation Clergyman,
10. Father's Birthplace Schuylkill Co. Pa.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 77 George St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Nov 29th 1878
4. Place of Birth (Street and Number)
5. Full Name of Mother Amanda Noys
6. Mother's Maiden Name " Cornelius
7. Mother's Birthplace Balto County, Md
8. Full Name of Father David Noys
9. Father's Occupation Paper Hanger
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. E Hall Cuttidge

Address 157 Arsquith St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 29 th 1878
4. Place of Birth (Street and Number)	N° 32 Hughes st.
5. Full Name of Mother	Emma Spindler Hoffman
6. Mother's Maiden Name	
7. Mother's Birthplace	America
8. Full Name of Father	David Spindler
9. Father's Occupation	Machinist
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaner midwife
Address	213 Cross st.
Remarks	

28118

RETURN OF A BIRTH.

DEC 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* th 29 Nov 1878
4. *Place of Birth (Street and Number)* No 5 forest Ave
5. *Full Name of Mother* Eaoheller Mothers
6. *Mother's Maiden Name* E Laid
7. *Mother's Birthplace* Baltim City
8. *Full Name of Father* John Mathers
9. *Father's Occupation* Lucte
10. *Father's Birthplace* Baltim City

Name of Medical Attendant, or other Person who makes this Return. Roots

Address Williams No 10 Chest

Remarks Still

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 November
4. *Place of Birth (Street and Number)* No 2 Durham Street
5. *Full Name of Mother* Barbara Boltmann
6. *Mother's Maiden Name* Kammerbacher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Boltmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28120

RETURN OF A BIRTH.

DEC 2 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 20th 1878
4. Place of Birth (Street and Number) 81 Bank st
5. Full Name of Mother Bendina Keck
6. Mother's Maiden Name " " Budelemeir
7. Mother's Birthplace Baltimore
8. Full Name of Father John Keck
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 30 1878
4. *Place of Birth (Street and Number)* 145 x Chapel Str.
5. *Full Name of Mother* Liesabeth Engelkind
6. *Mother's Maiden Name* Liz. Link
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Engelkind
9. *Father's Occupation* Blacksmidt
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie K. Rudiger

Address 134 S. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28122

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov. 30th 1878
4. Place of Birth (Street and Number) 13 Hamilton St.
5. Full Name of Mother Charlotte Samuel
6. Mother's Maiden Name Brown
7. Mother's Birthplace Balto County Md.
8. Full Name of Father James H. Samuel
9. Father's Occupation Waiter
10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen Stubbs

Address 42 N. Sharp st

Remarks

RETURN OF A BIRTH.

28123

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30th November
4. *Place of Birth (Street and Number)* 197 Canton Avenue
5. *Full Name of Mother* Sarah Bernhardt
6. *Mother's Maiden Name* Sarah Eosfild
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Bernhard
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Friedericke Kaufmann

Address 2048 S. Dallas st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28121 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 30th 1878

4. Place of Birth (Street and Number) No 735 Hanover St

5. Full Name of Mother Minnia Rinzo

6. Mother's Maiden Name Minnia Minster

7. Mother's Birthplace Baltimore

8. Full Name of Father George Rinzo

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 106 W Lee St

Remarks Died december 9th

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28125

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 of november
4. *Place of Birth (Street and Number)* 35 Port st
5. *Full Name of Mother* Annie Biginan
6. *Mother's Maiden Name* Annie Sheeline
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Biginan
9. *Father's Occupation* Labora
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

28126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 30th 1878
4. *Place of Birth (Street and Number)* No 331 North Arrow St
5. *Full Name of Mother* Lottie F. Davis
6. *Mother's Maiden Name* " " Moore
7. *Mother's Birthplace* Howard County Md
8. *Full Name of Father* A. D. H Davis
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. E. Whiteford M.D.

Address #195 Aisquith Street City

Remarks Physical condition good

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th /

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 30th ~~Dec.~~ 1878
4. *Place of Birth (Street and Number)* 99 N. Eden St
5. *Full Name of Mother* Mary E. Otto
6. *Mother's Maiden Name* Link
7. *Mother's Birthplace* Germany
8. *Full Name of Father* G. L. W. Otto
9. *Father's Occupation* Barber —
10. *Father's Birthplace* Germany —

Name of Medical Attendant, or other Person who makes this Return. J J Gross

Address 137 Orleans St —

Remarks

RETURN OF A BIRTH.

28128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 21st 1876
4. *Place of Birth (Street and Number)*	229 Eden st
5. *Full Name of Mother*	Maggie Sullivan
6. *Mother's Maiden Name*	Maggie Engelmann
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Henry Sullivan
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary Walsh
Address	129 N. Caroline
Remarks	

DEC 1876 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Free Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28129

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE DEC 20 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Nov~~ 30 November
4. *Place of Birth (Street and Number)* 14 Chew St
5. *Full Name of Mother* Fanny Rybak
6. *Mother's Maiden Name* " Kneis
7. *Mother's Birthplace* Chlum Bohemia
8. *Full Name of Father* John Rybak
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Wokrouhly

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

28130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Nov. 30th 1878
4. Place of Birth (Street and Number)	Maternity Hospital 163 W. Lombard St.
5. Full Name of Mother	Annie Miller
6. Mother's Maiden Name	Annie Golotz
7. Mother's Birthplace	Germany
8. Full Name of Father	John Miller
9. Father's Occupation	Sailor
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. House Phys.
Address	Maternity Hospital
Remarks	Mother and child at present doing well

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

WEALTH DEPARTMENT
5
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Nov 30th 1878
4. Place of Birth (Street and Number) Watson St No 28
5. Full Name of Mother Hannah Russel
6. Mother's Maiden Name
7. Mother's Birthplace Springfield
8. Full Name of Father Elleck Russel
9. Father's Occupation Laborer
10. Father's Birthplace Talbot Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Seaton

Address 111 S. Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)* Nov 30th 1878
3. *Date of Birth* 8 Parish St.
4. *Place of Birth (Street and Number)* Mary Dowling.
5. *Full Name of Mother* Bridin
6. *Mother's Maiden Name* Balti Md
7. *Mother's Birthplace* Patrick Dowling
8. *Full Name of Father* Mechanic
9. *Father's Occupation* Ireland
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. H. L. Spanstow

Address 379 W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2513.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov. 14, 1877
4. *Place of Birth (Street and Number)*	216 N. Fremont
5. *Full Name of Mother*	Annie Frances ~~Libby~~
6. *Mother's Maiden Name*	Klinefelter
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Emory ~~Libby~~
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey st.
Remarks	Physical condition good

Fee Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov. 17 1878
4. *Place of Birth (Street and Number)*	690 N. Baltimore
5. *Full Name of Mother*	Emma C. Bokman
6. *Mother's Maiden Name*	Henry
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm. Waller Bokman
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Edwin Hood M.D.
Address	2 N. Carey st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November Sixteenth. 1878.
4. *Place of Birth (Street and Number)* No. 31. Clark St
5. *Full Name of Mother* Martha Olivia Fleet
6. *Mother's Maiden Name* Martha Olivia Pitcher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Walter Fleet
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Fredericksburg Virginia

Name of Medical Attendant, or other Person who makes this Return. Samuel H. Henry M. D.

Address 198. Druid Hill Ave

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

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28136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* Jan. 7, 1878
4. *Place of Birth (Street and Number)* 28 S. Gilmore st
5. *Full Name of Mother* Georgiana Armstrong
6. *Mother's Maiden Name* Coleman
7. *Mother's Birthplace* Orange Co. N. York
8. *Full Name of Father* James E. Armstrong
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return John Hood M.D.

Address. 2 N. Carey st

Remarks Small + delicate — about 7 mos. but is doing well

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan. 7, 1878
4. *Place of Birth (Street and Number)*	246 Hollins St.
5. *Full Name of Mother*	Josephine Williams
6. *Mother's Maiden Name*	Roberts
7. *Mother's Birthplace*	Front Royal Va.
8. *Full Name of Father*	Jesse W. Williams
9. *Father's Occupation*	~~Cecil Co. Md~~ Huxter
10. *Father's Birthplace*	Cecil Co. Md.
Name of Medical Attendant, or other Person who makes this return	John Hood M.D.
Address	2 N. Carey St
Remarks	Fine healthy babe

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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ract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 9 19
4. *Place of Birth (Street and Number)*	24 S. Gilmor st
5. *Full Name of Mother*	Martha A. Harvey
6. *Mother's Maiden Name*	Carson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	E. Eugene Harvey
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood, MD
Address	2 N. Carey st
Remarks	Farina Congo boy

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or ~~Female~~)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb. 12th 1878
4. *Place of Birth (Street and Number)* 11 Bond Street
5. *Full Name of Mother* Mary Grimm
6. *Mother's Maiden Name* Lehmann
7. *Mother's Birthplace* Balt. city
8. *Full Name of Father* Joseph Grimm
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. N. Albers M. D.

Address 95 S. Sharp St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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28140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 17, 1895
4. *Place of Birth (Street and Number)*	46 S. Carrollton Ave.
5. *Full Name of Mother*	Annie M. Stube
6. *Mother's Maiden Name*	Doherty
7. *Mother's Birthplace*	Richmond, Va.
8. *Full Name of Father*	Daniel F. Stube
9. *Father's Occupation*	Engineer Steam Hammer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood M.D
Address	2 N. Carey st.
Remarks	Well Developed

HEALTH DEPARTMENT JAN 2 1895 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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28141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 28 1878
4. *Place of Birth (Street and Number)* 23 Clinton Av
5. *Full Name of Mother* Marian C. Wilson
6. *Mother's Maiden Name* Kelly
7. *Mother's Birthplace* England
8. *Full Name of Father* Charles W. Wilson
9. *Father's Occupation* Driver Balt Transf. Co
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return John Hood M.D.

Address 2 N. Carey St.

Remarks Large boy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 4th 1878
4. Place of Birth (Street and Number) Oaestle st (No number).
5. Full Name of Mother Louisa Eldermann.
6. Mother's Maiden Name Louisa Londermann.
7. Mother's Birthplace Germany.
8. Full Name of Father Frank Eldermann
9. Father's Occupation Butcher.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist.

Address 182 Monument st.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No 28113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 25, 1878
4. *Place of Birth (Street and Number)*	No. 1, S. Arlington Av.
5. *Full Name of Mother*	Mary J. Prince
6. *Mother's Maiden Name*	Bennett
7. *Mother's Birthplace*	New York
8. *Full Name of Father*	George E. Prince
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey St.
Remarks	Small, delicate child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE
HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) 1/1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 1st 1878
4. Place of Birth (Street and Number) No 10 Penn St
5. Full Name of Mother Mary E Lowe
6. Mother's Maiden Name Mary E Crawford
7. Mother's Birthplace Balt- City
8. Full Name of Father Augustus N Lowe
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Balt- City

Name of Medical Attendant, or other Person who makes this Return. J W McConnell M D,

Address 498 W Fayette St-

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2 5145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 12 1878
4. *Place of Birth (Street and Number)*	
5. *Full Name of Mother*	Catharine E. Klein
6. *Mother's Maiden Name*	~~Baltimore~~ Dasch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Klein
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood M.D.
Address	2 St. Paul St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr. 13. 1878
4. *Place of Birth (Street and Number)*	
5. *Full Name of Mother*	Rachel Trezise
6. *Mother's Maiden Name*	Knight
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Trezise
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this return	John Hood M.D.
Address	2 N. Carey St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Ap 14th
4. Place of Birth (Street and Number)	305 Park avenue
5. Full Name of Mother	Ellie Buck
6. Mother's Maiden Name	Griffin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richd. B. Buck
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Riffin Buckler
Address	125 n charles
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 17, 1878
4. *Place of Birth (Street and Number)*	34 N. Broadway
5. *Full Name of Mother*	Hattie Brodven
6. *Mother's Maiden Name*	Boyd
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James H. Brown Jr.
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Washington D. C.
Name of Medical Attendant, or other Person who makes this return	John Ford M.D.
Address	2 N. Caroline
Remarks	

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 24th 1878.
4. Place of Birth (Street and Number) Boundry ave. Baltimore.
5. Full Name of Mother Barbara Denerling
6. Mother's Maiden Name Barbara Seifel
7. Mother's Birthplace Cumberland Md. U. S.
8. Full Name of Father Jacob Denerling
9. Father's Occupation ~~Gardner~~ Gerdner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hend H Regeist.

Address 182 monument st.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 24, 1879.
4. *Place of Birth (Street and Number)*	Hillen St.
5. *Full Name of Mother*	Martha Downs
6. *Mother's Maiden Name*	Cornelius
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wilford Downs
9. *Father's Occupation*	Clergyman
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey st.
Remarks	Fine healthy baby

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fee Record of Vital Statistics in the City of Baltimore.

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28151

RETURN OF A BIRTH.

JUN 26 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 30 1878.
4. *Place of Birth (Street and Number)* 255 Eden st.
5. *Full Name of Mother* Elizabeth Sieper
6. *Mother's Maiden Name* Elizabeth Markstadt
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Friedrick Sieper
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Hillegast.

Address 182 Monument st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 24, 1878
4. *Place of Birth (Street and Number)*	294 Pennsylvania Ave.
5. *Full Name of Mother*	Ida Virginia Hickman
6. *Mother's Maiden Name*	Snowden
7. *Mother's Birthplace*	Frederick Co. Md.
8. *Full Name of Father*	Geo. S. Hickman
9. *Father's Occupation*	Grocery man
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	John Hood M.D.
Address.	2 N. Carey St
Remarks	Fine, large babe

Fee Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 30, 1878
4. *Place of Birth (Street and Number)*	352 McHenry St
5. *Full Name of Mother*	Annie E. Brady
6. *Mother's Maiden Name*	Dr Shaw
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Ernest Brady
9. *Father's Occupation*	Hostler
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey St
Remarks	Twin, Larger baby

Fee Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

281511

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Calord
3. *Date of Birth* July 2
4. *Place of Birth (Strect and Number)* 13 short st
5. *Full Name of Mother* hannah Johnson
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs leah Johnson

Address no 32 short st

Remarks healthy child

RETURN OF A BIRTH.

28155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colard
3. *Date of Birth*	July 3
4. *Place of Birth (Street and Number)*	166 low str
5. *Full Name of Mother*	July Salter
6. *Mother's Maiden Name*	July Brown
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Josiah Salter
9. *Father's Occupation*	labor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs leah johnson
Address	no 32 short st
Remarks	healthy child

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28156

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st 5th (fifth)
1. *Sex (state whether Male or Female)*	White female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 8th 1878
4. *Place of Birth (Street and Number)*	465 Eutaw Place
5. *Full Name of Mother*	Amelia Russell
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Alex H Russell
9. *Father's Occupation*	Manufacturer of Buckskin
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reggie Backler
Address	135 Redwood St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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28157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 17, 1878
4. *Place of Birth (Street and Number)*	360 McHenry St
5. *Full Name of Mother*	Laura A. Harrison
6. *Mother's Maiden Name*	Enos
7. *Mother's Birthplace*	Delaware
8. *Full Name of Father*	Wm. Kilgour Harrison
9. *Father's Occupation*	Huxter
10. *Father's Birthplace*	Prince Georges Co.
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey St
Remarks	Physical condition, good

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 27, 1878
4. *Place of Birth (Street and Number)*	124 N. Eutaw St.
5. *Full Name of Mother*	Martha Eudora Jepp
6. *Mother's Maiden Name*	Seymour
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles W. Jepp
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey St
Remarks	Fine little babe

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 2
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 2, 1878
4. *Place of Birth (Street and Number)*	7 Woodyear Pl.
5. *Full Name of Mother*	Mary Ann Thrush
6. *Mother's Maiden Name*	Ridgeway
7. *Mother's Birthplace*	Philadelphia, Pa.
8. *Full Name of Father*	Francis D. Thrush
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood, M.D.
Address	2 N. Carey St
Remarks	Large, fine boy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28160
28161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth & Seventh
1. *Sex (state whether Male or Female)*	Both Males
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 21, 1878
4. *Place of Birth (Street and Number)*	5 Woodyear St.
5. *Full Name of Mother*	Mary Charlotta Whiteford
6. *Mother's Maiden Name*	Horney
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Samuel Boyd Whiteford
9. *Father's Occupation*	Pyrotechnist
10. *Father's Birthplace*	Pennsylvania
Name of Medical Attendant, or other Person who makes this return	John Howd, M.D.
Address	21 N. Carey St
Remarks	The children were doing well are of medium size

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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28162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 28th 1878
4. *Place of Birth (Street and Number)* No 116 St Pauls St
5. *Full Name of Mother* Rosalie Gittings
6. *Mother's Maiden Name* Rosalie May
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Sterret Gittings, Junr
9. *Father's Occupation* Bank clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Riggin Buckler

Address 135 N Charles St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child [illegible] City of Baltimore, shall report to the [illegible] within six days thereafter, stating [illegible] date [illegible] of the child or [illegible] born, its or their physical condition, whether still [illegible] of the parents, and the maiden name of the mother of [illegible] children.

RETURN OF A BIRTH.

28163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 26 1878
BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c*)	First
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	White
3. *Date of Birth*	October 19th 1875
4. *Place of Birth* (*Street and Number*)	391 Park Avenue
5. *Full Name of Mother*	Sophie Sargent Hillen
6. *Mother's Maiden Name*	Sophie V. Frick
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas O'D Hillen
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rogers Buckler
Address	135 N Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28164

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Nov. 30. 1878
4. *Place of Birth (Street and Number)*	N. Wolfstr No 115.
5. *Full Name of Mother*	Lili Rabert
6. *Mother's Maiden Name*	Belle
7. *Mother's Birthplace*	South Carolina
8. *Full Name of Father*	William Rabert
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Jak Baugrach
Address	S. Wolfstr 1128
Remarks	Midwife

MISSING

#28165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth March 18, 18

Place of Birth (Street and Number) 114 S. Howard

5. Full Name of Mother Conley

6. Mother's Maiden Name

7. Mother's Birthplace Ireland

8. Full Name of Father Mike Conley

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return Van P. Gaudt M.D.

Address 158 S Paca

Remarks Natural Labor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 30th 1878
4. *Place of Birth (Street and Number)* Blair Road
5. *Full Name of Mother* Lizzie Doshlar
6. *Mother's Maiden Name* — Rawr
7. *Mother's Birthplace* Ewot
8. *Full Name of Father* John Doshler
9. *Father's Occupation* Brower
10. *Father's Birthplace* Barans

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ulbig

Address

Remarks 48 Holland st Baltimor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth July 31st 1878
4. Place of Birth (Street and Number) Alexander st 25 Balt
5. Full Name of Mother May Buttigo
6. Mother's Maiden Name — Meyers
7. Mother's Birthplace Barany
8. Full Name of Father Will Butting
9. Father's Occupation Barana
10. Father's Birthplace Matres

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ubig

Address

Remarks

48 Holland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex (state whether Male or Female) 4 child
2. Race or Color (if not of the white race) Jewish
3. Date of Birth Aug 8th 1878
4. Place of Birth (Street and Number) central or 188
5. Full Name of Mother Nannie Fuld
6. Mother's Maiden Name Strouse
7. Mother's Birthplace Europe
8. Full Name of Father Philop Fuld
9. Father's Occupation Tetter
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ulbig

Address

Remarks

48 Holland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OFFICE
FEB
3
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	Aug. 10 1878
4. Place of Birth (Street and Number)	Hays st 319
5. Full Name of Mother	Caroline Leonard
6. Mother's Maiden Name	Hart
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	L. Emrich
9. Father's Occupation	Jeweler
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Wm R Ulby
Address	48 Haviland
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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1-5-56

28171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

Boniface Julius Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colard
3. Date of Birth 1 Sept 18th 1878
4. Place of Birth (Street and Number) Jume Alley No. 6
5. Full Name of Mother Susan Doughty
6. Mother's Maiden Name Susan Young
7. Mother's Birthplace Northampton Va
8. Full Name of Father Joseph Young
9. Father's Occupation Cook
10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this return Spearbattee Talton

Address 38 Forest St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Sept 3rd
4. *Place of Birth (Street and Number)* McCeneeur Court
5. *Full Name of Mother* Emanda. Bedford
6. *Mother's Maiden Name* pearce
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bedford
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Sharlottee Taltan 38

Address McCenarer Court No 3 Street St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Sept~~ sept 15th 1878
4. Place of Birth (Street and Number) millaman St 2
5. Full Name of Mother Lizzie Smit
6. Mother's Maiden Name — Kuffer
7. Mother's Birthplace Bovern
8. Full Name of Father Cars Smit
9. Father's Occupation Cuter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mr R Ulling

Address

Remarks

48 Holland st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2817 31

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Sept 30th 1878
4. Place of Birth (Street and Number) No 162 Hanover St
5. Full Name of Mother Sarah F. ~~Davis~~ Lewis
6. Mother's Maiden Name " " Davis
7. Mother's Birthplace Baltimore
8. Full Name of Father E R. Davis
9. Father's Occupation Attorney at Law
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. C A. Lewis

Address 162 Hanover St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 16th 1878
4. Place of Birth (Street and Number) Central ave 14
5. Full Name of Mother Mamie Waters
6. Mother's Maiden Name Hawk
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Philip Waters
9. Father's Occupation ship doctorn
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ulbig

Address

Remarks

48 Haviland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 15 1878

4. Place of Birth (Street and Number) 5 [illegible] Washington st

5. Full Name of Mother Hel. strout

6. Mother's Maiden Name = sinh

7. Mother's Birthplace germany

8. Full Name of Father Henry sinh

9. Father's Occupation printer

10. Father's Birthplace Dur Lesar

Name of Medical Attendant, or other Person who makes this Return. Mrs Ullig

Address 48 Holland st Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 15th 1878

4. Place of Birth (Street and Number) N. W. av asquith and Low st

5. Full Name of Mother Magdelenna ruth

6. Mother's Maiden Name — — Shanke

7. Mother's Birthplace Baltimor Md

8. Full Name of Father Phil. ruth

9. Father's Occupation Cigars store

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elbig

Address 48 Holland st Baltimor

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 22 1878
4. *Place of Birth (Street and Number)* 26 Lloyd
5. *Full Name of Mother* Jos. Clouse
6. *Mother's Maiden Name* — Rothbrich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Bradrich Klouse
9. *Father's Occupation* Trunkmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ulbig

Address 48 Holland St Baltimore Md

Remarks

FEB 3 1879 BALTIMORE

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25179

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 2 1876
4. *Place of Birth (Street and Number)* N 12 Orleans St
5. *Full Name of Mother* Mary Lurzall
6. *Mother's Maiden Name* Hart
7. *Mother's Birthplace* New York
8. *Full Name of Father* David Granbbyn Hart
9. *Father's Occupation* Artist
10. *Father's Birthplace* new Orleans

Name of Medical Attendant, or other Person who makes this Return. Mrs Lizzie Uhlig

Address 48 Holland

Remarks

Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Further Regulations by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

25151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 25
4. *Place of Birth (Street and Number)*	North St No 123
5. *Full Name of Mother*	Mary Elizabeth Meehan
6. *Mother's Maiden Name*	Mary A Hughes
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Meehan
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Charlotte Fallon
Address	North St No 123
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25151

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Oct. 10 1878.

4. *Place of Birth (Street and Number)* 242 Hamburg St.

5. *Full Name of Mother* Mary Jones.

6. *Mother's Maiden Name* Mary Brown

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Jones

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria Potter 128 Plum Alley

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28182

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child. Robt. F. Michael
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	26th October 1878
4. *Place of Birth (Street and Number)*	Baltimore 73 N. High St.
5. *Full Name of Mother*	Mary Agnes Michael.
6. *Mother's Maiden Name*	" " Lewis
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm J. L. Michael
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Ann Crockett

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

2815.3

DEC 5 1918 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	1 Dec 18
4. *Place of Birth (Street and Number)*	189 Ensor St rear Eyes
5. *Full Name of Mother*	Mary Tibbs
6. *Mother's Maiden Name*	Galway
7. *Mother's Birthplace*	Frederick Md
8. *Full Name of Father*	Charles Tibbs
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Glemmer
Address	No 7 Forrest Place
Remarks	

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1918 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	December 1
4. Place of Birth (Street and Number)	~~Holland st No 16~~ Holland st No 16
5. Full Name of Mother	Lura Johnson
6. Mother's Maiden Name	Lara Cummings
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Johnson
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Robinson
Address	145 North Eden st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th & 5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 1st 1878
4. Place of Birth (Street and Number)	Western City Limits
5. Full Name of Mother	Ella Hadel
6. Mother's Maiden Name	Ella Kemp
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles A. Hadel
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. G. Sparrow M. D.
Address	No 427, N. Stricker Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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25186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth First of December 1878

4. Place of Birth (Street and Number) 28 North Front st

5. Full Name of Mother Kate Wiesman

6. Mother's Maiden Name Kate Meister

7. Mother's Birthplace Baltimore

8. Full Name of Father Ernst Meister

9. Father's Occupation Caprnet maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st p John Kunkel

Remarks Healthy.

28187

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 1st 1878
4. *Place of Birth (Street and Number)* 326 S. Caroline St
5. *Full Name of Mother* Eliza King
6. *Mother's Maiden Name* " Ebersan
7. *Mother's Birthplace* City
8. *Full Name of Father* Georg King
9. *Father's Occupation* Cooper
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushman

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth December 1st 1878
4. Place of Birth (Street and Number) 218 Alice Ann St
5. Full Name of Mother Julie Wiedersheim
6. Mother's Maiden Name " Lemon
7. Mother's Birthplace Germany
8. Full Name of Father Henry Wiedersheim
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushman

Address 121 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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2.8159

RETURN OF A BIRTH.

DEC 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 1st 1878
4. Place of Birth (Street and Number)	Durham Str nr Aliceanna Str
5. Full Name of Mother	Mary E. Ott
6. Mother's Maiden Name	E. Weigand
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Ott
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Mary E. Simms
Address	# 171 E. Washington Str
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28190

HEALTH DEPARTMENT DEC 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 12th 1878
4. Place of Birth (Street and Number)	388 E. Fayette St.
5. Full Name of Mother	Hester Jane Miller
6. Mother's Maiden Name	Hester Jane Miller
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis Richard Miller
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. L. Hickey M.D.
Address	[illegible]
Remarks	

28191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2, Two,

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth Dec 1st 1878
4. Place of Birth (Street and Number) 63, Aisquith St.
5. Full Name of Mother Henrietta ~~[illegible]~~ Adler
6. Mother's Maiden Name " Rosenblat
7. Mother's Birthplace Baltimore
8. Full Name of Father William Adler
9. Father's Occupation Drygoods Merchant
10. Father's Birthplace Hulburg Germany

Name of Medical Attendant, or other Person who makes this Return. Geo W. Wayson

Address 18. Aisquith St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28192

RETURN OF A BIRTH.

DEC 10 1878 HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 1st
4. Place of Birth (Street and Number) 194 Conway Street
5. Full Name of Mother Annie Caesaman
6. Mother's Maiden Name Stange
7. Mother's Birthplace Baltimore
8. Full Name of Father Louise Caesaman
9. Father's Occupation Cigar maker
10. Father's Birthplace Hanover Germ

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S. Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 December 1878
4. *Place of Birth (Street and Number)* 11 Bank St
5. *Full Name of Mother* Eliza Quinn
6. *Mother's Maiden Name* Doell
7. *Mother's Birthplace* U S
8. *Full Name of Father* Francis Quinn
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cosner

Address 82 E Lombard St

Remarks

DEPARTMENT OF HEALTH
DEC 9 1878
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28191

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 December 1878
4. *Place of Birth (Street and Number)* 6 Bank St
5. *Full Name of Mother* Katharina Hagen
6. *Mother's Maiden Name* Loren
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Mich Hagen
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28195

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 December 1878
4. *Place of Birth (Street and Number)* 70 Spring St
5. *Full Name of Mother* Elisabet Herman
6. *Mother's Maiden Name* Cohn
7. *Mother's Birthplace* U S
8. *Full Name of Father* Baltzar Herman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Casper

Address 52 E Lombard St

Remarks

28196

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 9 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 December 1878
4. *Place of Birth (Street and Number)* 24 Hempstead St
5. *Full Name of Mother* Sofie Lang
6. *Mother's Maiden Name* Echner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Lang
9. *Father's Occupation* Bäcker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Color

3. Date of Birth December 1 78

4. Place of Birth (Street and Number) Baltimore Md West 119

5. Full Name of Mother Mrs Mary Gaines

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Gaines

9. Father's Occupation Cabas

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Carline Fisher

Address No 9 Howe Court

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 1 1878
4. Place of Birth (Street and Number)	101 William St.
5. Full Name of Mother	Laura V. Skillman.
6. Mother's Maiden Name	Laura V. Skillman.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Skillman
9. Father's Occupation	Brakesman.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno F Powell M.D.
Address	227 Carrollton Ave.
Remarks	Child – Healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 1st 1878
4. *Place of Birth (Street and Number)* 196 E. Baltimore St.
5. *Full Name of Mother* Rosanna J. McMullen
6. *Mother's Maiden Name* Rosanna J. Blades
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* William C. McMullen
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Cashell

Address 207 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26200

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1878
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 1st 1878
4. *Place of Birth (Street and Number)*	No. 11 Walker Court.
5. *Full Name of Mother*	Martha Reibert
6. *Mother's Maiden Name*	Martha Pittman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Reibert
9. *Father's Occupation*	
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. Tatsch.
Remarks	No. 123 West Pratt Street.

28201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 1st 1878.
4. *Place of Birth (Street and Number)* No. 129, Franklin St.
5. *Full Name of Mother* Mary Agnes Hoffman
6. *Mother's Maiden Name* " " Schultz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Nicholas Hoffman
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return A. C. Fox. M.D.

Address 82 N Charles St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23202

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Dec. 1 1878.

HEALTH DEPARTMENT BALTIMORE DEC 3 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec. 1st 1878.
4. Place of Birth (Street and Number) 22 Schakes near St.
5. Full Name of Mother Mary Greiser.
6. Mother's Maiden Name Mary Allmendinger.
7. Mother's Birthplace Germany.
8. Full Name of Father John Greiser.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25203

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Dec. 7th 1878.

HEALTH DEPARTMENT
DEC 3 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 1st 1878.
4. *Place of Birth (Street and Number)* 18 Durham St.
5. *Full Name of Mother* Sara Kane
6. *Mother's Maiden Name* Sara Kane.
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Kane.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks C H

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 1st 1878
4. Place of Birth (Street and Number)	282 E. Church St
5. Full Name of Mother	Carrie King
6. Mother's Maiden Name	Carrie Burns
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Saml Burns
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st December 1878
4. Place of Birth (Street and Number) 162 S. Register st
5. Full Name of Mother Wilhelmina Koehler
6. Mother's Maiden Name Wilhelmina Geerken
7. Mother's Birthplace Germany
8. Full Name of Father Friederick Koehler
9. Father's Occupation Sailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 238 Canton Avenue

Remarks

25206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st December 1878
4. Place of Birth (Street and Number) 243 S Broadway
5. Full Name of Mother Catherine Klingenberg
6. Mother's Maiden Name Catherine Wiegeman
7. Mother's Birthplace Germany
8. Full Name of Father Louis Klingenberg
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
5
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* dezember 2 d 1878
4. *Place of Birth (Street and Number)* 511 N. Gaistr.
5. *Full Name of Mother* Luise Reinhard
6. *Mother's Maiden Name* L Löb
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Flarens Reinhard
9. *Father's Occupation* Kanmacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr.

Remarks

28208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) number of Children eight

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* seeken of December
4. *Place of Birth (Street and Number)* birth place no 40 south Chapel st
5. *Full Name of Mother* Jane Stranagge
6. *Mother's Maiden Name* Jane pooper maiden name
7. *Mother's Birthplace* place of birth saint mikely
8. *Full Name of Father* Thorten Stranigg
9. *Father's Occupation* occupation steavear door
10. *Father's Birthplace* birth place port royel

Name of Medical Attendant, or other Person who makes this Return. midwife susan moggain

Address no 47 north Dorham st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Second of December 1878

4. Place of Birth (Street and Number) 19 East Hamstead st

5. Full Name of Mother Miss G. Swart

6. Mother's Maiden Name Miss G. Shutt

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles H Shut

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North Chappel st p John Kunkel

Remarks Healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28210

RETURN OF A BIRTH.

DEC 14 1878

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 2nd 1878.
4. Place of Birth (Street and Number)	152 St Paul St.
5. Full Name of Mother	Mary Kerr
6. Mother's Maiden Name	Mary Hebeston
7. Mother's Birthplace	Phil. Pa.
8. Full Name of Father	Frank Kerr.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Northern Ireland.
Name of Medical Attendant, or other Person who makes this Return.	John J. Kerin, M.D.
Address	76 Edmondson ave.
Remarks	Normal Labor

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28211

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 26 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 29 1878
4. *Place of Birth (Street and Number)* 276 S Ann St
5. *Full Name of Mother* Emilie Brink
6. *Mother's Maiden Name* " Stulz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Anton Brink
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28212

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT OF HEALTH DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* ~~black~~ Colored
3. *Date of Birth* 2d December 1878
4. *Place of Birth (Street and Number)* 142 S Durham st
5. *Full Name of Mother* Letty Dose
6. *Mother's Maiden Name* Letty Buck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Dose
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 2nd 1878
4. Place of Birth (Street and Number)	135 S. Eden St.
5. Full Name of Mother	Mary Glass
6. Mother's Maiden Name	Mary Stockman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Glass
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bald. city
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

282114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*) ✓
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* Decr 2nd 1878
4. *Place of Birth (Street and Number)* Western City Limits Washington Road
5. *Full Name of Mother* Mary E. Chipman
6. *Mother's Maiden Name* Mary E. Bruff
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Daniel W. Chipman
9. *Father's Occupation* Miller
10. *Father's Birthplace* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozen Ted

Address " "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 2d 1878.
4. Place of Birth (Street and Number) Hartford road
5. Full Name of Mother Elisabeth Scheller
6. Mother's Maiden Name C. Fink
7. Mother's Birthplace Germany
8. Full Name of Father David Scheller
9. Father's Occupation Beer brewer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Killgeist

Address 182 E. Monument St.

Remarks

28216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 of Dec 1878
4. Place of Birth (Street and Number)	15 Cuba st Locust point
5. Full Name of Mother	Elisabeth Philps
6. Mother's Maiden Name	Elisabeth Laty
7. Mother's Birthplace	Balto md
8. Full Name of Father	Geo Philps
9. Father's Occupation	Jeweller
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Marguerite Ell
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25217

DEC 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 2d 1878
4. Place of Birth (Street and Number)	No 1 Warren Av
5. Full Name of Mother	Laura Morgan
6. Mother's Maiden Name	Laura Della Ma
7. Mother's Birthplace	
8. Full Name of Father	Charles Morgan
9. Father's Occupation	Painter
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren av
Remarks	

28218

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 9 1870 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2nd. of Dec.
4. *Place of Birth (Street and Number)* 42 Stockholm St.
5. *Full Name of Mother* Mary Catharine Kauffman.
6. *Mother's Maiden Name* Mary Catharine Seul.
7. *Mother's Birthplace* Shuttle Factory Baltimore County.
8. *Full Name of Father* Christian Kauffman
9. *Father's Occupation* Laboring man
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Luzena Mills

Address 42 Stockholm St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
7
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 2nd 1878
4. *Place of Birth (Street and Number)* 27. Federal Street
5. *Full Name of Mother* Ella J. Hitchcock
6. *Mother's Maiden Name* Ella J. Mosley.
7. *Mother's Birthplace* Harford County Md
8. *Full Name of Father* Joshua G. Hitchcock
9. *Father's Occupation* R. R. Packer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Hammer

Address 189. Lawrence St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28220

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 7 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	December 2nd 1878
4. Place of Birth (Street and Number)	# 19 Lambert St
5. Full Name of Mother	Mary Jane James
6. Mother's Maiden Name	Mary Jane Wilson
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Walter George James
9. Father's Occupation	Coachman
10. Father's Birthplace	Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. R. Ransone M.D
Address	Biddle & George Sts
Remarks	

RETURN OF A BIRTH.

25221

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Second of December
4. Place of Birth (Street and Number)	No 40 Chestnut St
5. Full Name of Mother	Katherine. Rosenberger
6. Mother's Maiden Name	Katherine. Rosenberger
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Unknown.
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No 185 S.E. Cor. Central av. & Monument St.
Remarks	Well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

282222

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec. 2nd 1878
4. *Place of Birth (Street and Number)*	No 234 N. Bond st.
5. *Full Name of Mother*	Maria L. Holland
6. *Mother's Maiden Name*	" " O'Hara
7. *Mother's Birthplace*	Baltimore City M. D.
8. *Full Name of Father*	Franklin G. Holland
9. *Father's Occupation*	Policeman
10. *Father's Birthplace*	Baltimore County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A Batt
Address	No 185 E. cor. Centre & av. & Monument St.
Remarks	Well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* december 2 1878
4. *Place of Birth (Street and Number)* 77 camberge St
5. *Full Name of Mother* ruth Jons
6. *Mother's Maiden Name* ruth frager
7. *Mother's Birthplace* baltimorer city
8. *Full Name of Father* hughgen Jons
9. *Father's Occupation* laberer
10. *Father's Birthplace* baltimorer

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alice ann na St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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2.82.2.4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Bodrd of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 2nd 1878.
4. *Place of Birth (Street and Number)* No. 277 McDonough Street.
5. *Full Name of Mother* Georgie A. Grant.
6. *Mother's Maiden Name* Georgie A. Briggs.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Joseph W. Grant.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester Street

Remarks Fine healthy child

RETURN OF A BIRTH.

21225

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 December
4. *Place of Birth (Street and Number)* No 103 Pratt St
5. *Full Name of Mother* Lizzie Kump
6. *Mother's Maiden Name* Loth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gerhart Kump
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No. 70 Grundy St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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28226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 December
4. *Place of Birth (Street and Number)* 260 Bank St
5. *Full Name of Mother* Mary Flagherty
6. *Mother's Maiden Name* Mary Collins
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Flagherty
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Fleming

Address 45 Albemarle St

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1873 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	2 December
4. *Place of Birth (Street and Number)*	16 Chester St.
5. *Full Name of Mother*	Julia Bolden
6. *Mother's Maiden Name*	Julia Fleming
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thomas Bolden
9. *Father's Occupation*	Pilot
10. *Father's Birthplace*	Baltimore md
Name of Medical Attendant, or other Person who makes this return	Mrs Eliza Flemings
Address	95 Albemarle St
Remarks	Baltimore

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Ordinances of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28228

DEC 16 378 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Decembes 3rd.
4. *Place of Birth (Street and Number)* No 118 Eislan St.
5. *Full Name of Mother* Mary Louise Einwaechtes
6. *Mother's Maiden Name* Mary Louise Nevern
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Adam Einwaechtes
9. *Father's Occupation* Cartes
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Dumbles

Address N. Schroeder St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 3rd 1878
4. *Place of Birth (Street and Number)* 37 Stockton St
5. *Full Name of Mother* Mary Dubriton
6. *Mother's Maiden Name* " Cain
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* William Dubriton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Annie Meserwehl (Midwife)

Address 220 Preston St

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 d December 1898
4. Place of Birth (Street and Number)	Priestley St No 82
5. Full Name of Mother	Anny Farnife
6. Mother's Maiden Name	Anny Thorn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jonny Farnife
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Magruder
Address	Russell St No. 70.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	december 3d
4. *Place of Birth (Street and Number)*	no 92 dover st
5. *Full Name of Mother*	Frances Spriggs
6. *Mother's Maiden Name*	Frances Cook
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	andrew Spriggs
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 pappsco avenue
Remarks	helthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.5232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	december 3d
4. *Place of Birth (Street and Number)*	no 11 church st
5. *Full Name of Mother*	rachel pitchet
6. *Mother's Maiden Name*	rachel ferguson
7. *Mother's Birthplace*	dorchester county md
8. *Full Name of Father*	daniel pitchit
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	dorchester county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 naples co. avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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28233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 3rd 1878
4. Place of Birth (Street and Number) 112 Argyle Ave
5. Full Name of Mother Mrs John Pumphreys
6. Mother's Maiden Name Kate Lewis
7. Mother's Birthplace Washington D C
8. Full Name of Father John Pumphreys
9. Father's Occupation Sells Smoked Beef in market
10. Father's Birthplace Washington D C

Name of Medical Attendant, or other Person who makes this Return. William Lee M D

Address Eutaw st cor Hoffman

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,522,331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 9 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

1. *Sex (~~state whether Male or~~ Female)*
2. *~~Race or Color (if not of the~~ white race)*
3. *Date of Birth* Dec 3rd. 1878
4. *Place of Birth (Street and Number)* #464 North Fremont
5. *Full Name of Mother* Ella M. Klunk
6. *Mother's Maiden Name* Sheets
7. *Mother's Birthplace* Carroll Co Md
8. *Full Name of Father* Martin L. Klunk
9. *Father's Occupation* Barber
10. *Father's Birthplace* Adams Co. Pa,

Name of Medical Attendant, or other Person who makes this Return. Dr. W. Coombs

Address 49 north Calhoun St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28235

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT
DEC
9
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 December 1878
4. *Place of Birth (Street and Number)* 11 Loyd St
5. *Full Name of Mother* Marie Kuhn
6. *Mother's Maiden Name* Hogan
7. *Mother's Birthplace* U S
8. *Full Name of Father* James Kuhn
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Linn Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 December 1878
4. *Place of Birth (Street and Number)* 3 Holiday St
5. *Full Name of Mother* Hana Radon
6. *Mother's Maiden Name* Grover
7. *Mother's Birthplace* Italia
8. *Full Name of Father* John Radon
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Italia

Name of Medical Attendant, or other Person who makes this Return. Mrs Lana Casper

Address 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

28237

DEC 9 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether Male or Female)* First Child Female Child
2. *Race or Color (if not of the white race)* is a Colored Child
3. *Date of Birth* Born December 3d 1878 in Baltimore
4. *Place of Birth (Street and Number)* Homburg St. 211.
5. *Full Name of Mother* Cara Semore
6. *Mother's Maiden Name* Cara Karcher
7. *Mother's Birthplace* Sumner Co County Md
8. *Full Name of Father* Henry Lemon
9. *Father's Occupation* Working on the Warf
10. *Father's Birthplace* Virginia Accamack County

Name of Medical Attendant, or other Person who makes this Return. Send no Medical

Address Nancy Logan No 20 Winters Ct

Remarks Baltimore Md.

28238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 3rd 1878
4. *Place of Birth (Street and Number)* No 78 Woodyear Street
5. *Full Name of Mother* Barbara Mihm
6. *Mother's Maiden Name* Barbara Meienkranz
7. *Mother's Birthplace* Sachan Andrew. Mihm
8. *Full Name of Father* Andrew. Mihm
9. *Father's Occupation* Labor
10. *Father's Birthplace* Sorgenzell

Name of Medical Attendant, or other Person who makes this return E Schmidt No 470 [illegible]

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...her person in charge, who shall attend, assist or
...ty of Baltimore, shall report to the registrar aforesaid,
...ly the date of birth, sex, and color of the child or children
...whether still born or not, the full name, nativity, and residence
...me of the mother of such child or children.

28239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 3rd 1878
4. *Place of Birth (Street and Number)* No 112 St Peter St
5. *Full Name of Mother* Kate Virg Wickwith
6. *Mother's Maiden Name* " " Norton
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Chas Wickwith
9. *Father's Occupation*
10. *Father's Birthplace* City of Balto

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake M.D.

Address 140 Saint St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28240

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child Twin

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 3d 1878
4. *Place of Birth (Street and Number)* 53 Harrison St
5. *Full Name of Mother* Minnie Levi
6. *Mother's Maiden Name* Minnie Hollisher
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Max Levi
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Barbara Post

Address Midwife 26 N. Fredk St

Remarks Both children doing well

28944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child Twins

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 3d 1878
4. *Place of Birth (Street and Number)* 53 Hanover St
5. *Full Name of Mother* Minnie Levi
6. *Mother's Maiden Name* Minnie Hutchison
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Meyer Levi
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Barbara Reiss

Address Midwife 24 N Frederick St

Remarks Both Children doing well

rect Record of Vital Statistics in the City of Baltimore.

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reet Record of Vital Statistics in the City of Baltimore.

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282192

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 4th 1879
4. *Place of Birth (Street and Number)* 7 S Francis St Baltimore
5. *Full Name of Mother* Ida Stricker
6. *Mother's Maiden Name* " Maloney,
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* John Stricker,
9. *Father's Occupation* Butcher,
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return John Morris, M. D.

Address No. 5 Franklin St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth December 4th 1878
4. Place of Birth (Street and Number) No. 16 Wilson st
5. Full Name of Mother Maria Galler
6. Mother's Maiden Name " Peiser
7. Mother's Birthplace City
8. Full Name of Father John Galler
9. Father's Occupation Brewer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Bushman

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28214-1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 4th 1878
4. Place of Birth (Street and Number)	139 E. Eager St
5. Full Name of Mother	Kate Simms
6. Mother's Maiden Name	" Killeen
7. Mother's Birthplace	Balto. County, Md.
8. Full Name of Father	Michael Jerome Simms,
9. Father's Occupation	Junk Dealer.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Edward P. McDevitt
Address	137 ½ Exeter St
Remarks	Ch. was a premature birth of 7 months the child living about 10 minutes;

rect Record of Vital Statistics in the City of Baltimore.

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282465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 4th 1878
4. Place of Birth (Street and Number)	16 Lee St
5. Full Name of Mother	Mary R. Kunkel
6. Mother's Maiden Name	Mary R Kirchner
7. Mother's Birthplace	Delaware
8. Full Name of Father	John A. Kunkel
9. Father's Occupation	Wheelwright
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Loots M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28214-6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female,
2. *Race or Color (if not of the white race)*	White,
3. *Date of Birth*	December 4th 1878.
4. *Place of Birth (Street and Number)*	339 S. Bond St.
5. *Full Name of Mother*	Sophia A. Pishall.
6. *Mother's Maiden Name*	Sophia A. Butsler,
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Charles Pishall.
9. *Father's Occupation*	Carpenter,
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. J. Sullivan M. D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28247

HEALTH DEPARTMENT DEC 31 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born Dec 11th
4. *Place of Birth (Street and Number)* Baltimor Howard 80
5. *Full Name of Mother* Sofeer Robison
6. *Mother's Maiden Name* See
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* James Robison
9. *Father's Occupation* Oyster Schucher
10. *Father's Birthplace* Dorchester

Name of Medical Attendant, or other Person who makes this Return. Aneline Thilson

Address 388 Cross Street

Remarks

28248

DEC 11 1878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4th December 1878
4. *Place of Birth (Street and Number)* No 1020 Chestnut St.
5. *Full Name of Mother* Ann Maria Cold
6. *Mother's Maiden Name* Ann Maria Thomas
7. *Mother's Birthplace* Baltim
8. *Full Name of Father* Isaac Cold
9. *Father's Occupation* Labor
10. *Father's Birthplace* St Mary County

Name of Medical Attendant, or other Person who makes this Return. Roberts

Address Wilkins No 78 Chestnut

Remarks Stret

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28249
28250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 and twins 2 Female

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 4th 1878
4. Place of Birth (Street and Number) Fort Mchenry, M, d.
5. Full Name of Mother Maggie Hynes
6. Mother's Maiden Name Maggie Lawler
7. Mother's Birthplace Drewsberry New Jersey
8. Full Name of Father Dennis Hynes
9. Father's Occupation Soldier
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Margret Ertl Cuba St No 13th 1878

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 Dec. 1878
4. *Place of Birth (Street and Number)* 43 S. Wolf st.
5. *Full Name of Mother* Katharina Wild
6. *Mother's Maiden Name* Trompeter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Wild
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Pratt st.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 of Dec. 1878
4. *Place of Birth (Street and Number)* 62 Caroline
5. *Full Name of Mother* Christian Rosing
6. *Mother's Maiden Name* Christian Hay
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John D. Rosing
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return [illegible]

Address 125 W. Caroline

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 9 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 December 1878
4. *Place of Birth (Street and Number)* 87 Lombard St
5. *Full Name of Mother* Katharina Fricott
6. *Mother's Maiden Name* Leith
7. *Mother's Birthplace* U S
8. *Full Name of Father* Henry Fricott
9. *Father's Occupation* Tinner
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lee Casper

Address 82 E Lombard St

Remarks

28254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Childe

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Wensday 7 o clock December 4 1878
4. *Place of Birth (Street and Number)* N E corner of West & Stamp
5. *Full Name of Mother* Mrs Annie Aro
6. *Mother's Maiden Name* Miss Annie Dorsey
7. *Mother's Birthplace* Sommer sett county MD
8. *Full Name of Father* Mr John B Aro
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace* Baltimore county

Name of Medical Attendant, or other Person who makes this Return. Mrs Seeback

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th December.
4. Place of Birth (Street and Number)	No 37 Plum Alley.
5. Full Name of Mother	Talina Mueller
6. Mother's Maiden Name	Talina Westerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Mueller
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Scarborough
Address	No 220 Montgomery Street.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25256

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 6 1870
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth & child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th December
4. Place of Birth (Street and Number)	No 37 Covington Street.
5. Full Name of Mother	Katie Barnes
6. Mother's Maiden Name	Katie Reigan.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Frank Barnes.
9. Father's Occupation	Ship Carpenter.
10. Father's Birthplace	Washington City
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Scarborough.
Address	No 220 Montgomery Street
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race ~~or Color (if not of the~~ white race)*
3. *Date of Birth* December 4th 1878.
4. *Place of Birth (Street and Number)* John St N Caroline
5. *Full Name of Mother* Ann Du-Bois
6. *Mother's Maiden Name* Ann Jones
7. *Mother's Birthplace* Delaware State
8. *Full Name of Father* Edward S. Du-Bois
9. *Father's Occupation* Deputy Keeper of Md Prison
10. *Father's Birthplace* Anapolis Md

Name of Medical Attendant, or other Person who makes this return J. Ridgway Andre MD

Address No 121 E Balto St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 28258

DEC 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third child
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Dec 7 78.
4. Place of Birth (Street and Number)	270 W. Biddle St.
5. Full Name of Mother	Sallie E. Williams
6. Mother's Maiden Name	Ewell,
7. Mother's Birthplace	Houston Texas
8. Full Name of Father	Richard D. Williams
9. Father's Occupation	Patent Attorney
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fetterhoff M.D
Address	77 George St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 Dec
4. Place of Birth (Street and Number)	N 286 Eden St
5. Full Name of Mother	Mary Carpenter
6. Mother's Maiden Name	Casey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo Carpenter
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28260

RETURN OF A BIRTH.

1/11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
5
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		4
1. Sex (state whether Male or Female)		Male
2. Race or Color (if not of the white race)		White
3. Date of Birth		Dec
4. Place of Birth (Street and Number)	N	42 Hillman St
5. Full Name of Mother		Ann Brown
6. Mother's Maiden Name		Grady
7. Mother's Birthplace		Ireland
8. Full Name of Father		Robert Brown
9. Father's Occupation		Laborer
10. Father's Birthplace		County Roscommon Ireland
Name of Medical Attendant, or other Person who makes this Return.		Ursula J Johnson
Address		114 J Forrest Place
Remarks		

28261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First No 1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec. 5. 1878.
4. *Place of Birth (Street and Number)*	20 Mangore st.
5. *Full Name of Mother*	Sophie Moore
6. *Mother's Maiden Name*	Ottenbaugh
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Wm. Moore
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. A. Christian M.D.
Address	431 Penna. Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

28262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 5th 1878
4. *Place of Birth (Street and Number)* No. 353 Central Ave.
5. *Full Name of Mother* Catherine Seuber.
6. *Mother's Maiden Name* Catherine Krieger.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Seuber
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Washington

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegust

Address No. 182 Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 5th 1878
4. *Place of Birth (Street and Number)* 831 West Pratt St
5. *Full Name of Mother* Rosa ~~Geo~~ Buschmann
6. *Mother's Maiden Name* Rosa ~~Buschmann~~ Geo.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Buschmann
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Lindner

Address No 45 Howard St.

Remarks ~~Illegible~~

28264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 5th 1878
4. *Place of Birth (Street and Number)* ~~Catarine F.~~ Chester Str.
5. *Full Name of Mother* Caterine Feldner
6. *Mother's Maiden Name* C. Groh
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Feldner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 E. Monument

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

28265

HEALTH DEPARTMENT DEC 11 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 5 Dec 1878
4. *Place of Birth (Street and Number)* 91 Eastern Ave
5. *Full Name of Mother* Katharina Frey
6. *Mother's Maiden Name* Bartels
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Frey
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hiller

Address 151 E Fait St.

Remarks

28266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 5th 78
4. Place of Birth (Street and Number)	443 E Balt St
5. Full Name of Mother	Josephine Wilson
6. Mother's Maiden Name	Josephine Taylor
7. Mother's Birthplace	Canada
8. Full Name of Father	James C. Wilson
9. Father's Occupation	Butcher
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	M W Kneass
Address	131 N Charles
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

98267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 December
4. *Place of Birth (Street and Number)* 287 Lombard St
5. *Full Name of Mother* Helena Senfpht
6. *Mother's Maiden Name* Hermann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Walter Senfpht
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simann

Address No 70 Granby

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 December
4. *Place of Birth (Street and Number)* 66 Central Ave
5. *Full Name of Mother* Elizabeth Albert
6. *Mother's Maiden Name* Blum
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Sebastyan Albert
9. *Father's Occupation*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

DEC 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

28269

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* Dec 5th 78.
4. *Place of Birth (Street and Number)* 425 N Calhoun St.
5. *Full Name of Mother* Julia A. Ray.
6. *Mother's Maiden Name* Julia A. Deford.
7. *Mother's Birthplace* Balto City.
8. *Full Name of Father* Hollis T. Ray
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozed M.D.

Address " " City

Remarks

28270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	5 Dec. 1878
4. *Place of Birth (Street and Number)*	72 McElderry
5. *Full Name of Mother*	Mary Hardester
6. *Mother's Maiden Name*	Mary Mitchell
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	C. C. Hardester
9. *Father's Occupation*	Steamboat Fireman
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Waller
Address	125 N. Caroline
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28271

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male ~~or Female~~)*
2. *Race ~~or Color (if not of the~~ white race)*
3. *Date of Birth* December 5th 1878
4. *Place of Birth (Street and Number)* Corner Forest and Madison st.
5. *Full Name of Mother* Kate Nelson
6. *Mother's Maiden Name* Kate Edwards
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joseph P Nelson
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this return J. Ridgway Brune M.D

Address 120 E Fallo st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28272

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 6th 1878.
4. *Place of Birth (Street and Number)* 94 Dolphin St.
5. *Full Name of Mother* Bridgt Doyle.
6. *Mother's Maiden Name* Bridgt Brennan
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Peter Doyle.
9. *Father's Occupation* Supt. of Perkins Square.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Thomas R Emmet M D

Address Park Avenue & Lamb St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 December
4. *Place of Birth (Street and Number)* 134 Eastern Ave
5. *Full Name of Mother* Lidia Laubus
6. *Mother's Maiden Name* Friebel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gustaf Laubus
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

282711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
14
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 6
4. *Place of Birth (Street and Number)* 181 york st
5. *Full Name of Mother* Lottie morris
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Martinsburg V
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Millie gross

Address 181 York st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28275

RETURN OF A BIRTH.

DEC 12 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 6th 1878
4. *Place of Birth (Street and Number)* 70 Iceland Street
5. *Full Name of Mother* Mary Blank
6. *Mother's Maiden Name* Mary Keiser
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christopher Blank
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Bumler 60 Scherotir

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born one 6. [illegible]

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born one 6. December
4. *Place of Birth (Street and Number)* Lemon street 179.
5. *Full Name of Mother* Katherine Lingwort.
6. *Mother's Maiden Name* Katherine Nissemann
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Theodore Lingwort
9. *Father's Occupation* Class Bolliner.
10. *Father's Birthplace* Baden.

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Lunder 60 Fleurette

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28277

HEALTH DEPARTMENT
JAN 24 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1878
4. Place of Birth (Street and Number)	178 Mt Gilmore St
5. Full Name of Mother	Mary Elizabeth Wood
6. Mother's Maiden Name	" " Riggs
7. Mother's Birthplace	Montgomery Coy Md
8. Full Name of Father	William C Wood
9. Father's Occupation	Manufacturer of Heating & Cooking Apparatus
10. Father's Birthplace	Chester Coy Pensylvania
Name of Medical Attendant, or other Person who makes this Return.	W. T. Howard
Address	181 Madison St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth December Dec 6th
4. Place of Birth (Street and Number) Baltimore Howard No 105
5. Full Name of Mother Kate Going
6. Mother's Maiden Name " Kork
7. Mother's Birthplace Harford County
8. Full Name of Father Tomas Kork
9. Father's Occupation Stuart
10. Father's Birthplace Chestertown

Name of Medical Attendant, or other Person who makes this Return. Amelina Wilson

Address No 385 Cross street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 6th 1878.
4. *Place of Birth (Street and Number)* No. 26 Albemarle st.
5. *Full Name of Mother* Georgine Miller
6. *Mother's Maiden Name* Georgine King
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Peter Miller.
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No. 182. E Monument st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28280

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 6th 1878
4. *Place of Birth (Street and Number)* No 51 Dover St.
5. *Full Name of Mother* Annie Stephens
6. *Mother's Maiden Name* Annie Sands
7. *Mother's Birthplace* Frederick City. Md.
8. *Full Name of Father* David Stephens
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

28281

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 10 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* Dec 6th 1878.
4. *Place of Birth (Street and Number)* 497 W. Balto St.
5. *Full Name of Mother* Amelia Loeffler,
6. *Mother's Maiden Name* Amelia Winternetz,
7. *Mother's Birthplace* Bohemia.
8. *Full Name of Father* Louis Loeffler.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* St. Johns Hungary

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozer M.D.

Address City.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

282821

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 6th
4. *Place of Birth (Street and Number)* 283 Hamburg St
5. *Full Name of Mother* Caroline V. Keilholtz
6. *Mother's Maiden Name* Caroline V. Putter
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* William H. Keilholtz
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore Mar Goodman

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28283.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 14
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 6 of December 1878
4. *Place of Birth (Street and Number)* No 292 Battery Avenue
5. *Full Name of Mother* Mrs Josephina Brothingham
6. *Mother's Maiden Name* Josephina Elhany
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Sam James Brothingham
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this return Sabena Grishaber.

Address No 128 West St Baltimor Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

282811

HEALTH DEPARTMENT
DEC
1913
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1878
4. Place of Birth (Street and Number)	32 S. Chester st
5. Full Name of Mother	Annie B. Baldwin
6. Mother's Maiden Name	Annie B. Papff
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robt W. Baldwin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John H. Conner.
Address	14 Asquith st.
Remarks	

28285

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 6th

4. Place of Birth (Street and Number) Stretton at Townsend

5. Full Name of Mother Mary Gnosopelius

6. Mother's Maiden Name Mary Duer

7. Mother's Birthplace Savannah Ga

8. Full Name of Father G. Gnosopelius

9. Father's Occupation Music Teacher

10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return. N W Kneass

Address 131 N Charles

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 December 18[illegible]8
4. *Place of Birth (Street and Number)* 30 Lower St
5. *Full Name of Mother* Francis Black
6. *Mother's Maiden Name* Cuningham
7. *Mother's Birthplace* M[illegible]
8. *Full Name of Father* Geo[illegible] Black
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* M[illegible]

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 December
4. *Place of Birth (Street and Number)* 44 East Pratt st
5. *Full Name of Mother* Jinnie Mulcrone
6. *Mother's Maiden Name* Jinnie McCracken
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Mulcrone
9. *Father's Occupation* Baker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Anna Eliza Flemming

Address 95 Hanover st

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28288

RETURN OF A BIRTH.

DEC 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race)
3. Date of Birth Dec the Sixth
4. Place of Birth (Street and Number) Chester st No 74
5. Full Name of Mother Kate Black
6. Mother's Maiden Name Harmon
7. Mother's Birthplace Baltimore city
8. Full Name of Father William Edward Black
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 194 Gough st

Remarks doing Well

RETURN OF A BIRTH.

28259

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

THE REGISTRAR'S OFFICE
DEC
7
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 6. 1878
4. *Place of Birth (Street and Number)* 387 & 6 Charles st
5. *Full Name of Mother* Mollie R Wilmer
6. *Mother's Maiden Name* " Jones
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Thos J Wilmer
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Stark

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1878
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	december 6 1878
4. *Place of Birth (Street and Number)*	433 aliceanna st
5. *Full Name of Mother*	Julia Jordan
6. *Mother's Maiden Name*	Julia garrett
7. *Mother's Birthplace*	baltimore city
8. *Full Name of Father*	william Jordan
9. *Father's Occupation*	baltimore city laborer
10. *Father's Birthplace*	laborer
Name of Medical Attendant, or other Person who makes this return	Rachel ann garrett
Address	433 aliceanna st
Remarks	7 months child very weak

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28291

RETURN OF A BIRTH.

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th Dec.
4. *Place of Birth (Street and Number)* 195 Sharpe st
5. *Full Name of Mother* Magdalena Hampsear
6. *Mother's Maiden Name* Magdalena Martean
7. *Mother's Birthplace* Baltemore
8. *Full Name of Father* Herman Hambear
9. *Father's Occupation* Labearing Man
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Kate Mentch

Address 98 Lexington st

Remarks

28292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec. 7 1878
4. *Place of Birth (Street and Number)* No 280 Charles st.
5. *Full Name of Mother* Julianna Mickin
6. *Mother's Maiden Name* Kellner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Mickin
9. *Father's Occupation* Tailmaker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address No 330 Hanover st.

Remarks (removed.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28293

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Color

3. Date of Birth Dec 7 th 1878

4. Place of Birth (Street and Number) Baltimore City, No 42 Vine Street

5. Full Name of Mother Mary Ann Braxton

6. Mother's Maiden Name Mary Ann Hammond

7. Mother's Birthplace Frederick County Md

8. Full Name of Father Thomas Hamilton Braxton

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Lucy Upshur

Address No 150 S. Eutaw Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

289911

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 7th 78
4. *Place of Birth (Street and Number)*	15 Parkin St
5. *Full Name of Mother*	Dele Burke
6. *Mother's Maiden Name*	Pendgrest
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	William Patrick Burke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

28295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 7th ~~No. 193 Ridgly Street No.~~
4. Place of Birth (Street and Number)	Ridgly Street. No. 193
5. Full Name of Mother	Lizzie. Filling. ~~Schwallenberg~~
6. Mother's Maiden Name	Lizzie. Schwallenberg
7. Mother's Birthplace	Baltimore. M.D.
8. Full Name of Father	Edward. Filling
9. Father's Occupation	Box maker
10. Father's Birthplace	Baltimore. M.D.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seebach
Address	
Remarks	No. 1. Pratt St 439

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28296

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7th December 1878
4. *Place of Birth (Street and Number)* 53 Bank St
5. *Full Name of Mother* Auguste Werner
6. *Mother's Maiden Name* " Schiemann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Edmund Werner
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

28297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 2d. 1879.
4. *Place of Birth (Street and Number)* 242 N. Hoffman st.
5. *Full Name of Mother* Emma M. Mitchell.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James L. Mitchell
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dicken

Address 261 Madison Avenue.

Remarks

RETURN OF A BIRTH.

28295

HEALTH DEPARTMENT BALTIMORE DEC 17 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colod
3. *Date of Birth* 7 December
4. *Place of Birth (Street and Number)* 65 Leaden Hall Street (Rear
5. *Full Name of Mother* Ella Johnson
6. *Mother's Maiden Name* Ella Bibbins
7. *Mother's Birthplace* Eastern Shore Virginia
8. *Full Name of Father* Cornelius Bibbins
9. *Father's Occupation* Drayman
10. *Father's Birthplace* City Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margt. Spriggs

Address No 2 Peach alley

Remarks ale R.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28299

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC
17
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 7th 1878
4. *Place of Birth (Street and Number)* N 149 Park Ave
5. *Full Name of Mother* Mary M. Bogue
6. *Mother's Maiden Name* Mary M. Davis
7. *Mother's Birthplace* Norfolk Va
8. *Full Name of Father* Robert H. Bogue
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Whatard M.D

Address N 114 Park Ave

Remarks

28300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth 1 of December

4. Place of Birth (Street and Number) 117 Carlington Av

5. Full Name of Mother Margot Shriefer

6. Mother's Maiden Name Margot Shriefer

7. Mother's Birthplace Germany

8. Full Name of Father Fredrich Shriefer

9. Father's Occupation Labora

10. Father's Birthplace Germoney

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley,

Address No 12 Patterson Park Av

Remarks

28301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 7th 1878
4. Place of Birth (Street and Number)	10. 15 S. Bond St.
5. Full Name of Mother	Sarah Binnie
6. Mother's Maiden Name	Sarah Moore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Binnie
9. Father's Occupation	Coal oil dealer
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

28302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Dec 7 – 78
4. Place of Birth (Street and Number) 227. N. Wolf. st.
5. Full Name of Mother Margaret Theresa Spickenreuther
6. Mother's Maiden Name " " Krein
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Michael Spickenreuther
9. Father's Occupation Shoemaker
10. Father's Birthplace Dannisberg. Bavaria

Name of Medical Attendant, or other Person who makes this Return. W. B. O'Reilly. MDS

Address 235. N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28303

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 12 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec. 7th 1878
4. *Place of Birth (Street and Number)* 44 Lexington
5. *Full Name of Mother* Maria Thomson
6. *Mother's Maiden Name* Ryan
7. *Mother's Birthplace* Edlington S. C.
8. *Full Name of Father* John Thomson
9. *Father's Occupation*
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Alex L. Chub

Address 2 Shark

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* december 7 1878
4. *Place of Birth (Street and Number)* alicean na st
5. *Full Name of Mother* celenna gisey
6. *Mother's Maiden Name* celenna [illegible]ket
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* gorge gisey
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

28305

HEALTH DEPARTMENT
DEC 9 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: George C. Alford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 7 1878
4. Place of Birth (Street and Number)	106 Edmonson Ave
5. Full Name of Mother	Clara Alford
6. Mother's Maiden Name	Clara Jacobs
7. Mother's Birthplace	Balto
8. Full Name of Father	Geo C. Alford
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell M.D.
Address	227 Carrollton Ave
Remarks	Child Healthy

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28306

HEALTH DEPARTMENT
DEC 17 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th December 1878
4. *Place of Birth (Street and Number)* No 217 Wolf St
5. *Full Name of Mother* Mary Koch
6. *Mother's Maiden Name* Mary Potts
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Koch
9. *Father's Occupation* Sailor
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Fredericka Kaufmann

Address 204 Dallas St

Remarks

RETURN OF A BIRTH.

28307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th December 1878
4. *Place of Birth (Street and Number)* 218 Spring st
5. *Full Name of Mother* Mary Gesell
6. *Mother's Maiden Name* Mary Bankart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gesell
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Frederick Kaufmann

Address 204 Dallas st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 14 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Light complection
3. Date of Birth December 8th 1878
4. Place of Birth (Street and Number) No. 35 N. Calvert Street
5. Full Name of Mother Mary Parnell
6. Mother's Maiden Name Mary Boon
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. Parnell
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address No. 6 Hamilton Street

Remarks

RETURN OF A BIRTH.

28309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 23 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Darke
3. *Date of Birth* Desember 8
4. *Place of Birth (Street and Number)* No 1 China St
5. *Full Name of Mother* Grace Brown
6. *Mother's Maiden Name* Grace Brooks
7. *Mother's Birthplace* Baltimore City MD
8. *Full Name of Father* George W Brown
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Fairfax Co Va

Name of Medical Attendant, or other Person who makes this return Abzilda Brooks

Address No 2010 South Warner St

Remarks geten a Well Longe Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28310

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth December 8th 1878

4. Place of Birth (Street and Number) 135 S Broadway

5. Full Name of Mother Maria Friedman

6. Mother's Maiden Name " Fried

7. Mother's Birthplace Europe

8. Full Name of Father Saml. Friedman

9. Father's Occupation Notions &c.

10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 120 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28311

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	~~Female~~ Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	8 Dec
4. *Place of Birth (Street and Number)*	24 Eager St
5. *Full Name of Mother*	Jane Foust
6. *Mother's Maiden Name*	Smith
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thomas Foust
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

283121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 14 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 th

1. *Sex (state whether Male or Female)* mall
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 of December
4. *Place of Birth (Street and Number)* Baltimore no 113 north Eden st
5. *Full Name of Mother* Sarah Ann Guy
6. *Mother's Maiden Name* Guy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Guy
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address 113 n. north Eden st

Remarks

28313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	Sunday Dec 8 1878
4. Place of Birth (Street and Number)	29 Sharp Al
5. Full Name of Mother	Rachel Taylor
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Norfork Va
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. W. Chambers, Md.
Address	City Hospital.
Remarks	Child living and both in good condition.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

283114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 13 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decbr. 8 d. 1878
4. Place of Birth (Street and Number)	297 Durham str.
5. Full Name of Mother	Maria Vengel.
6. Mother's Maiden Name	Marie Feith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Heinrich Vengel
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marie Dr. Rudiger
Address	134 N. Bond St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28316

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 8th 1878
4. Place of Birth (Street and Number)	# 31 E Chepeake St
5. Full Name of Mother	A. M. Meyer
6. Mother's Maiden Name	Ruth Mandlin
7. Mother's Birthplace	Balto.
8. Full Name of Father	Henry Meyer
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mr Mary Gilmore.
Address	# 171 Washington St
Remarks	W.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Grile
2. Race or Color (if not of the white race)	Whit
3. Date of Birth	8.th Dec 1898
4. Place of Birth (Street and Number)	Thambouel St No 3018
5. Full Name of Mother	Sofe Dain
6. Mother's Maiden Name	Sonfe Gouer
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Freud Daine
9. Father's Occupation	Labe
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Mary Nazarens
Address	Russell St No. 90
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 12 1878 BALTIMORE

ild of Mother (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 3

(state whether Male or Female) Femail

e or Color (if not of the white race) Colard

e of Birth December 8 1878

ce of Birth (Street and Number) Chiney St No 55

Name of Mother Rachial Credit

her's Maiden Name Rachial Young

her's Birthplace West River

Name of Father George R Credit

her's Occupation Porter

her's Birthplace Virginia

me of Medical Attendant, or other Person who makes this Return. Durell

dress Lollard St

marks a fine doctor

28315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 8 December
4. Place of Birth (Street and Number) Williams St 39 baltimore
5. Full Name of Mother francis lorrnce
6. Mother's Maiden Name francis tiller
7. Mother's Birthplace Calbert conty
8. Full Name of Father Charley lorrnce
9. Father's Occupation oyster sucer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address no 10 peac ate

Remarks

Thus any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Decr. 8th
4. Place of Birth (Street and Number) 107 Harlem Ave,
5. Full Name of Mother Mary Duff
6. Mother's Maiden Name Mary Meehan
7. Mother's Birthplace Balt. City
8. Full Name of Father Chas. W. Duff
9. Father's Occupation Clerk
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address S.W. Calvert & Read Sts.

Remarks

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* /
3. *Date of Birth* 8 December 1878
4. *Place of Birth (Street and Number)* 85 Lombard St
5. *Full Name of Mother* Marie Wiesner
6. *Mother's Maiden Name* Bremer
7. *Mother's Birthplace* U S
8. *Full Name of Father* Fred Wiesner
9. *Father's Occupation* Printer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Casper

Address 82 E Lombard St

Remarks

28321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) African

3. Date of Birth Dec. 9th 1878

4. Place of Birth (Street and Number) Jourdan a.l. No 36

5. Full Name of Mother Louisa Hawkins

6. Mother's Maiden Name ——

7. Mother's Birthplace Easton Md.

8. Full Name of Father Alexander Hawkins

9. Father's Occupation Laborer

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. Jas S Fulks M.D.

Address No 134 Pearl st Balto

Remarks Infl. Sound & Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28322

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec. 9th 1878
4. *Place of Birth (Street and Number)* 2 Winter
5. *Full Name of Mother* Ellen Jurgeson
6. *Mother's Maiden Name* Wilson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Isaac Jurgeson
9. *Father's Occupation*
10. *Father's Birthplace* ~~Old~~ Virginia

Name of Medical Attendant, or other Person who makes this Return. Nancy Loyden

Address 20 Winter

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE DEPARTMENT OF HEALTH 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th of December 1878
4. *Place of Birth (Street and Number)* Baltimore Chapel St
5. *Full Name of Mother* Francis Kopechka [illegible]
6. *Mother's Maiden Name* Shultis
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* Josef Shultis
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 69 Wilbanton st

Remarks Baltimore Md

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28324

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 Dec
4. Place of Birth (Street and Number)	Belvidere St one door Greenmount
5. Full Name of Mother	Mary A Murray
6. Mother's Maiden Name	Caufield
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Murray
9. Father's Occupation	Engineer
10. Father's Birthplace	Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Christmas
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.8325

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 Dec
4. Place of Birth (Street and Number)	213 Eden St
5. Full Name of Mother	Elizabeth A Dean
6. Mother's Maiden Name	Develin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo A Dean
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT DEC 16 1878 BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9 December 1878
4. *Place of Birth (Street and Number)* 10 Canal St
5. *Full Name of Mother* Katie Ritschel
6. *Mother's Maiden Name* Coman
7. *Mother's Birthplace* U S
8. *Full Name of Father* Edward Ritschel
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Cooper

Address 52 E Lombard St

Remarks

3

RETURN OF A BIRTH.

28327

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Josephine Cassell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 9th 78.
4. *Place of Birth (Street and Number)*	490 ~~490~~ Franklin St.
5. *Full Name of Mother*	Josephine Dorsey Cassell Anderson
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Jacob Henry Cassell
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 14 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child,
1. *Sex* (state whether Male or Female)	female,
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Dec. 9/78
4. *Place of Birth* (Street and Number)	56 N. Green st.
5. *Full Name of Mother*	Kate Clark.
6. *Mother's Maiden Name*	Scott.
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Charles Clark.
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fletcher M.D.
Address	77 George st,
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28339

over

DEC 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name - Joseph Isaac

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or ~~Female)~~*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 9th 1878
4. *Place of Birth (Street and Number)* No 383 Hamburg St.
5. *Full Name of Mother* Kate Newton
6. *Mother's Maiden Name* — Sagle
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Millard F. Newton
9. *Father's Occupation* Wire Worker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Spiarhun

Address 379 W. Lemmon St

Remarks

RETURN OF A BIRTH.

98330

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether *Male* or *Female*) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 9th 78
4. *Place of Birth* (Street and Number) Baltimore 19 Holland St.
5. *Full Name of Mother* Emma J. Kent
6. *Mother's Maiden Name* Emma J. Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis R. Kent
9. *Father's Occupation* Private Policeman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine M. Bedford

Address 141 Orleans St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28 331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 9th 1878
4. *Place of Birth (Street and Number)* Durham St. No 221
5. *Full Name of Mother* M. Bush
6. *Mother's Maiden Name* M. Pinkney.
7. *Mother's Birthplace* Mongomery County
8. *Full Name of Father* William Perry Bush
9. *Father's Occupation* Coach Driver
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 185 S. E. cor. of Central av. & Monument St.

Remarks Well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 9 December
4. *Place of Birth (Street and Number)* 88 ~~59~~ 1 ~~59~~ 1 ~~st~~ street
5. *Full Name of Mother* Emer Baldan
6. *Mother's Maiden Name* Emer Howard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Baldan
9. *Father's Occupation* Oysters Shucker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Sharlotte Talton

Address 38 Forrest St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28333

HEALTH DEPARTMENT
JAN 14 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 9
4. *Place of Birth (Street and Number)* upton st 7
5. *Full Name of Mother* Marine ross
6. *Mother's Maiden Name* Marine Boated
7. *Mother's Birthplace* state virgin
8. *Full Name of Father* Dr Ross
9. *Father's Occupation* a laboring man
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return. Sarh Smothes

Address Gorge st ally No 35

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

983311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 2nd 1879.
4. *Place of Birth (Street and Number)* 167 North Paca
5. *Full Name of Mother* Mary Jane Arthur
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry T. Arthur
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dicken

Address 26 Madison Avenue

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

BALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 9th 1878
4. *Place of Birth (Street and Number)* #3 McMechin St
5. *Full Name of Mother* Bridget Megary
6. *Mother's Maiden Name* " Riley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Joseph Megary
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehe (Midwife)

Address 220 Preston St

Remarks —

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* 9th Sept Dec.
4. *Place of Birth* (Street and Number) 44 Pen St
5. *Full Name of Mother* Susan Smith
6. *Mother's Maiden Name* Hobbs
7. *Mother's Birthplace* West River
8. *Full Name of Father* William Smith
9. *Father's Occupation* Laber
10. *Father's Birthplace* west River

Name of Medical Attendant, or other Person who makes this Return. Rachel Doram

Address 122 Henrietta

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28337

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth December 9th 1878.
4. Place of Birth (Street and Number) No 89 Exeter st.
5. Full Name of Mother Catherine Lickel
6. Mother's Maiden Name Catherine Becker.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Fidrick Lickel
9. Father's Occupation Baker.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hend Hillegeist

Address No 182 E Monument St.

Remarks

28338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 13 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 9th of Dec. 1878
4. *Place of Birth (Street and Number)* No 1 Galveston Road
5. *Full Name of Mother* Mrs. Gehringer
6. *Mother's Maiden Name* Maggie Geist
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* William Gehringer
9. *Father's Occupation* Painter
10. *Father's Birthplace* born in Baden Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Hiller
Address 57 Smallwood St.
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28339

DEC 10 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 9th 1878
4. *Place of Birth (Street and Number)* No 19 Pennsylvania Ave.
5. *Full Name of Mother* Maggie E. Schott.
6. *Mother's Maiden Name* Maggie E. Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Schott.
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. Child

1. Sex (state whether Male or Female) Boy White
2. Race or Color (if not of the white race) Boy
3. Date of Birth 9. th Dec 1878
4. Place of Birth (Street and Number) 101 Beckely Street
5. Full Name of Mother M Chaillou
6. Mother's Maiden Name Batty Batty Beck
7. Mother's Birthplace Baltimore
8. Full Name of Father Lucas Chaillou
9. Father's Occupation Phisermen
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazareus

Address Russell Str No 70

Remarks

28341

HEALTH DEPARTMENT DEC 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 9th 1878
4. Place of Birth (Street and Number) 229 Pierce St
5. Full Name of Mother Matilda McKeown.
6. Mother's Maiden Name —
7. Mother's Birthplace Baltimore Co. Md
8. Full Name of Father Richd. McKeown.
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. A St Saxton. Md

Address 543 Lexington St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

D 8311-2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 12 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 9th 1878
4. *Place of Birth (Street and Number)* 37 E Eager St
5. *Full Name of Mother* Mary M Braden
6. *Mother's Maiden Name* Mary M Glen
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Samuel J Braden
9. *Father's Occupation* Employee N.C.R.R. Co.
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Geo. S. Kinnemon

Address 73 E Fait St

Remarks

RETURN OF A BIRTH.

2,8314-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 9th
4. *Place of Birth (Street and Number)*	137 E. Green st
5. *Full Name of Mother*	Mary Trimpard
6. *Mother's Maiden Name*	Weilhoff
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Trimpard
9. *Father's Occupation*	Box Sawyer
10. *Father's Birthplace*	Hanover Germ.
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 E. Eutaw st
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

2 8 3 1 4 4

DEC 10 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	E
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 9 1878
4. Place of Birth (Street and Number)	No 110 Jackson Square av
5. Full Name of Mother	Lizzie Schultz
6. Mother's Maiden Name	Lizzie Shieffer
7. Mother's Birthplace	Md
8. Full Name of Father	Simon Schultz
9. Father's Occupation	Bank Teller
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	J. C. B. Noble M.D.
Address	17 Druid av
Remarks	

28345

HEALTH DEPARTMENT
DEC 9 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Caucassian
3. *Date of Birth* Decem. 9th 1878
4. *Place of Birth (Street and Number)* Maternite & Hospital
5. *Full Name of Mother* Carrie Kodd
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Street M.D. House Phys.

Address Maternite & Hospital

Remarks Birth of child premature - born at about 7½ mos. gestation - the mother doing well at present, but child showing doubts of viability.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. Dez. 10th 1878

DEPARTMENT OF HEALTH DEC 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Balto Dez. 10th 1878
4. *Place of Birth (Street and Number)* 30 Lower Bond & Hampster St.
5. *Full Name of Mother* Mary Geisenketter.
6. *Mother's Maiden Name* Mary Wagner.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Geisenketter.
9. *Father's Occupation* Tavern.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe St.

Remarks A

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28347

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the therde

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December the 10 1878
4. Place of Birth (Street and Number) No 164 Cook St
5. Full Name of Mother Bunica V ~~[illegible]~~ Slater
6. Mother's Maiden Name Bunica V Painter
7. Mother's Birthplace Smithfield West Virginia
8. Full Name of Father John T B Slater
9. Father's Occupation Brickayer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South Chester St

Remarks

28348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT DEC 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th Child Baltimore

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th December 1878
4. *Place of Birth (Street and Number)* Baltimore Chapple St No 14
5. *Full Name of Mother* Bury Elmer
6. *Mother's Maiden Name* Klemer
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* Jim Klemer
9. *Father's Occupation* Labber
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. Dr Kopitis [illegible]

Address St Baltimore Md

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28349

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 mary lins yomson

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* 6 of december
4. *Place of Birth* (Street and Number) hilen street 111
5. *Full Name of Mother* mary ylips omson
6. *Mother's Maiden Name* diond
7. *Mother's Birthplace* east street
8. *Full Name of Father* jams diond
9. *Father's Occupation* sevlor
10. *Father's Birthplace* fug nu

Name of Medical Attendant, or other Person who makes this Return. sofeny lins

Address 75 chesnut street

Remarks

2 f 350

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Whit
3. *Date of Birth*	December 10th 1878
4. *Place of Birth (Street and Number)*	No 2 Burk St. Leadville
5. *Full Name of Mother*	Henretta McGurgen
6. *Mother's Maiden Name*	" Barrell
7. *Mother's Birthplace*	Baltimore County
8. *Full Name of Father*	Patrick McGurgen
9. *Father's Occupation*	Dray driver
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No 185 S.E. Cor Central av. & Monument St.
Remarks	Well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28337

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~1 McCulloh st~~ Dec 10 1878
4. *Place of Birth (Street and Number)* 1 McCulloh st
5. *Full Name of Mother* Laura F. Katzenstein
6. *Mother's Maiden Name* Frank
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Katzenstein
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return ~~Dr~~ C. C. Williams

Address 201 Madison Ave

Remarks

28359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 10th 1878
4. Place of Birth (Street and Number)	162 Johnson St
5. Full Name of Mother	Mary Price
6. Mother's Maiden Name	Mary Reynolds
7. Mother's Birthplace	Md
8. Full Name of Father	Richard Price
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble MD
Address	17 Hanover
Remarks	

28353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 10th 1878
4. *Place of Birth (Street and Number)* 214 Madison st
5. *Full Name of Mother* Florence Pinies
6. *Mother's Maiden Name* .. Mendler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Pinies
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theresia Eigeldinger

Address No 14 Union st

Remarks

25364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 10th 1878
4. *Place of Birth (Street and Number)* 336 N. Durham St
5. *Full Name of Mother* Amelia Hoffman
6. *Mother's Maiden Name* Amelia Ball
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Hoffman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 N Bond st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 10th 78
4. *Place of Birth (Street and Number)* 324 Hanover Street
5. *Full Name of Mother* Mary Adams
6. *Mother's Maiden Name* Shultz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodore Adams
9. *Father's Occupation* French polisher
10. *Father's Birthplace* Richmond

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw st.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 10th 78
4. *Place of Birth (Street and Number)* 2 P 15 Albemarle st
5. *Full Name of Mother* Louisa Richter
6. *Mother's Maiden Name* Buck
7. *Mother's Birthplace* Sachsen
8. *Full Name of Father* William H Richter
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace* Hessendarmstadt

Name of Medical Attendant, or other Person who makes this Return. Henry Koch

Address 328 South Eutaw St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

1 1 1 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 -d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Decembr. 10 d. 1878

4. Place of Birth (Street and Number) 210 n. Gay Str.

5. Full Name of Mother Marie Schneiter

6. Mother's Maiden Name M. Betzenberger

7. Mother's Birthplace Germane

8. Full Name of Father Kunrath Schneiter

9. Father's Occupation Schuhmacher.

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bond Str

Remarks

RETURN OF A BIRTH.

28358

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Tuesday December 10th 1878
4. Place of Birth (Street and Number)	217 Hudson St
5. Full Name of Mother	Mary Eliza White
6. Mother's Maiden Name	Mary Eliza Night
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Wm. H. White
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Richard Mc
Address	28 O Donnell St
Remarks	Head presentation Easy labor
	Both the mother and child are doing well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth "

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 11th 1878 "

4. Place of Birth (Street and Number) # 203 S Washington Str.

5. Full Name of Mother Annie Peterson. Barrows.

6. Mother's Maiden Name Annie Peterson.

7. Mother's Birthplace Balto "

8. Full Name of Father Peter Barrows.

9. Father's Occupation Engineer.

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary L Simms.

Address # 171 S Washington Str

Remarks

28360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec 11th 1878
4. Place of Birth (Street and Number)	Castle nr Fleet Str.
5. Full Name of Mother	P. A. Rhodes.
6. Mother's Maiden Name	Lamb Hamilton.
7. Mother's Birthplace	Balto.
8. Full Name of Father	Jas. Rhodes.
9. Father's Occupation	Moulder
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Murray Edmunds.
Address	#171 Washington Ave.
Remarks	F.P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28361

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 11th 1829
4. *Place of Birth (Street and Number)* 40 Aisquith St. Baltimore,
5. *Full Name of Mother* Mary " Kronmiller Hannibal
6. *Mother's Maiden Name* " Kronmiller,
7. *Mother's Birthplace* " Baltimore,
8. *Full Name of Father* Henry Hannibal,
9. *Father's Occupation* Attorney at Law,
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11th 1878
4. Place of Birth (Street and Number)	Baltimore. N. E. Cor Bank. Washington
5. Full Name of Mother	Fanny. E. Henderson
6. Mother's Maiden Name	Fanny. E. Sinclair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John. W. Henderson
9. Father's Occupation	Grocerist
10. Father's Birthplace	Somerset Co
Name of Medical Attendant, or other Person who makes this Return.	Hannah. E. Knowles
Address	165. S. Chester. st
Remarks	

28363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child Baltimore

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 December 1878
4. *Place of Birth (Street and Number)* Baltimore Chapel st No 1[illegible]
5. *Full Name of Mother* Sabery
6. *Mother's Maiden Name* Sabery Novote
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* John Novote
9. *Father's Occupation* Labor
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. Mr Kaplan

Address 69 [illegible] street

Remarks Baltimore Md

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

283611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Dec. 11th 1878.
4. *Place of Birth (Street and Number)*	82 N. Exeter St
5. *Full Name of Mother*	Emma J. Gallagher
6. *Mother's Maiden Name*	" " McComas.
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	James Gallagher
9. *Father's Occupation*	Plumber & Gas Fitter.
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Edward J. McDevitt
Address	137 N. Exeter St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 December 15/8
4. *Place of Birth (Street and Number)* 6 Exeter St
5. *Full Name of Mother* Mina Kahn
6. *Mother's Maiden Name* Fleting
7. *Mother's Birthplace* U S
8. *Full Name of Father* Frank Kahn
9. *Father's Occupation* Printer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E Lombard St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28366

HEALTH DEPARTMENT
DEC
16
1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 December 1878
4. *Place of Birth (Street and Number)* 4 South St
5. *Full Name of Mother* Ami Coningham
6. *Mother's Maiden Name* Hansche
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Coningham
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lina Casper

Address 52 E Lombard St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 11
4. *Place of Birth (Street and Number)* 310 Cross St
5. *Full Name of Mother* Anna Loeber.
6. *Mother's Maiden Name* Anna George.
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Conrad George.
9. *Father's Occupation* ~~310 Cross St~~ Tinner
10. *Father's Birthplace* Garmany.

Name of Medical Attendant, or other Person who makes this Return. Kath Münch

Address 98 Leadenhall Street.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 11
4. *Place of Birth (Street and Number)* 248 S. Sharp St
5. *Full Name of Mother* Margerate Kessler,
6. *Mother's Maiden Name* Margerate Armbrust
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Phillip Kessler,
9. *Father's Occupation* Glass, Blower
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Kathe Münch

Address 98 Leadenhall Street

Remarks

28369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 11th 1878
4. Place of Birth (Street and Number) No 16 Fountain st
5. Full Name of Mother Caroline Engle
6. Mother's Maiden Name " " Fichthaus
7. Mother's Birthplace Germany
8. Full Name of Father Thomas Engle
9. Father's Occupation Copper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzfar

Address No 55 S. Bond st

Remarks

RETURN OF A BIRTH.

28370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 of December 1878
4. Place of Birth (Street and Number)	Hamburg st No 59
5. Full Name of Mother	Mary Elizabeth Taylor
6. Mother's Maiden Name	Mary Elizabeth Andrews
7. Mother's Birthplace	Accomack county
8. Full Name of Father	Mathew Andrews
9. Father's Occupation	Waterman
10. Father's Birthplace	Northumberland county
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 10 Abys street
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28371

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec 11th 1878
4. *Place of Birth (Street and Number)* No 82 Elbow Lane
5. *Full Name of Mother* Elizabeth Neal
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Culpeper Verginier
8. *Full Name of Father* Not Know
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28372

RETURN OF A BIRTH.

DEC 14 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. Dec 13th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Balto. Dec 11th 1878.
4. Place of Birth (Street and Number) 199 Durham St
5. Full Name of Mother Dina Reiter
6. Mother's Maiden Name Dina Hemsted
7. Mother's Birthplace Germany
8. Full Name of Father Anton Reiter
9. Father's Occupation Watchmen
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 37 South Wolfe St.

Remarks

RETURN OF A BIRTH.

28373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 14 1878
BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 11 1878
4. *Place of Birth (Street and Number)*	9 Bourbough
5. *Full Name of Mother*	Sarah Louisa Knight
6. *Mother's Maiden Name*	" " Holden
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Jacob Knight
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

28374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 4th of December
4. *Place of Birth (Street and Number)* No 67 North Schroeder St
5. *Full Name of Mother* Margret Schmelz
6. *Mother's Maiden Name* Margret J Michel
7. *Mother's Birthplace* Cassel Germany
8. *Full Name of Father* John Schmelz
9. *Father's Occupation* Shoemacker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Schroeder

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28375

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child Baltimore

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 December 1878
4. *Place of Birth (Street and Number)* Baltimore from Anthony [illegible]
5. *Full Name of Mother* Bury Lalak
6. *Mother's Maiden Name* Bury Schele
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* Jack Schele
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. Mary Kuptsch

Address 69 Washington

Remarks Baltimore Md

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28376

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5 t

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Dez 11. 1878
4. Place of Birth (Street and Number) Munumentstr
5. Full Name of Mother Elise Ende
6. Mother's Maiden Name Bengel
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Ende
9. Father's Occupation Backer
10. Father's Birthplace Hessendarmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr 428

Remarks Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28377

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 11th Dec. 1878
4. *Place of Birth (Street and Number)* 176 Mulberry St
5. *Full Name of Mother* Mathilde Schleuner
6. *Mother's Maiden Name* Mathilde Kuatzmann
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Francis Schleuner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Wallau (Germany)

Name of Medical Attendant, or other Person who makes this Return. J. R. Heldmann M.D.

Address 120 Pearl St Baltimore

Remarks

28378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 11th 1878
4. Place of Birth (Street and Number)	No 275 S Ann St
5. Full Name of Mother	Jane A Lewis
6. Mother's Maiden Name	Jane A Cole
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjamin F Lewis
9. Father's Occupation	Mariner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary A Atwell
Address	281 E Lonergh st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28379

11 171

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 11th 1878
4. *Place of Birth (Street and Number)* 1335 E Madison St
5. *Full Name of Mother* Eliza L. Patterson
6. *Mother's Maiden Name* Eliza L Horney
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Lloyd J. Patterson
9. *Father's Occupation* Accountant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address 281 N Bond St

Remarks

RETURN OF A BIRTH.

28380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 25 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 11 th 1878
4. Place of Birth (Street and Number)	Eutaw St. 41
5. Full Name of Mother	Mary Shardmen
6. Mother's Maiden Name	Mary Shignet
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Shardmen
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mary Margarens
Remarks	Russell St No 70

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 11th 1878
4. Place of Birth (Street and Number) 165 Preftman Street
5. Full Name of Mother Clara Belle Bowen
6. Mother's Maiden Name Clara Belle Moran
7. Mother's Birthplace Washington D.C.
8. Full Name of Father William Henry Bowen
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr J. C. Hummer

Address 189. Laurale St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dezembr. 11 d. 1878
4. Place of Birth (Street and Number)	366 w. Eter Str.
5. Full Name of Mother	Magdalene Leimkühler
6. Mother's Maiden Name	Magdalena Rattman
7. Mother's Birthplace	Germany
8. Full Name of Father	Albert Leimkühler
9. Father's Occupation	Schuhmaker
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 s. Bonds Str.
Remarks	

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

RETURN OF A BIRTH.

28383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
13
1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male healthy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 11th of Dec. 1878
4. *Place of Birth (Street and Number)* 16 c Calverton Road
5. *Full Name of Mother* Mrs. Koslowski
6. *Mother's Maiden Name* Karline Klaus
7. *Mother's Birthplace* born in West Prussia Germany
8. *Full Name of Father* Ferdinand Koslowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in West Prussia Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Miller

Address 57 Arnulwood St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

283811

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

DEC 13 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov 11th 1878
4. Place of Birth (Street and Number)	Easton Av. nr Chapel Sts.
5. Full Name of Mother	A. B. White.
6. Mother's Maiden Name	S. Burns.
7. Mother's Birthplace	Balto
8. Full Name of Father	Nicholas White.
9. Father's Occupation	Teamster.
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary J. Simms.
Address	# 171 E Washington Sts
Remarks	H. P.

2.8385

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	December the 17 1878
1. *Sex (state whether Male or Female)*	Female Child
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	the 12 of Dec
4. *Place of Birth (Street and Number)*	no 9 south Chapell Street
5. *Full Name of Mother*	Leonida Jackson
6. *Mother's Maiden Name*	Leonida Lollis
7. *Mother's Birthplace*	Drawbridge Md
8. *Full Name of Father*	Thomas J Jackson
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Vienna Md
Name of Medical Attendant, or other Person who makes this Return.	Susan Morgan
Address	no 41 north Durham st
Remarks	

28356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th December 1878
4. *Place of Birth (Street and Number)* 229 S Bond st
5. *Full Name of Mother* Wilhelmina Ribsamen
6. *Mother's Maiden Name* " Quartmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Ribsamen
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 12th December 1878
4. *Place of Birth (Street and Number)* 1895 Ann St
5. *Full Name of Mother* Katherine Cortes
6. *Mother's Maiden Name* " Hartmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Cortes
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* dec 12
4. *Place of Birth (Street and Number)* 87 Mc Eldery st
5. *Full Name of Mother* annie jones
6. *Mother's Maiden Name* annie Banks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* andrew jones
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear fatmon

Address no 32 strat st

Remarks healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28389

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth dec 12
4. Place of Birth (Street and Number) 88 stirling st
5. Full Name of Mother martha johns
6. Mother's Maiden Name martha dadd
7. Mother's Birthplace centerpill dld
8. Full Name of Father frisby johns
9. Father's Occupation grain runner
10. Father's Birthplace centerpill dld

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no. 32 short st

Remarks healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 12th Dec, 78
4. *Place of Birth (Street and Number)* 17 Allen's Alley
5. *Full Name of Mother* Josephine Slaven
6. *Mother's Maiden Name* Josephine Dodson
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Jno. Slaven
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Eastern Shore, Md.

Name of Medical Attendant, or other Person who makes this Return. Leo. Walker.

Address 98 N. Dallas St,

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 12 th 1878
4. *Place of Birth (Street and Number)* No 291 Hanover st
5. *Full Name of Mother* Mary Seder
6. *Mother's Maiden Name* Riel
7. *Mother's Birthplace* America
8. *Full Name of Father* John Seder
9. *Father's Occupation* Barbar
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address No 330 Hanover st.

Remarks Removed to.

28392

RETURN OF A BIRTH.

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 12th 1878 ~~# 43 E. Eager St.~~
4. Place of Birth (Street and Number)	# 43 E. Eager "
5. Full Name of Mother	Amelia S. Davis
6. Mother's Maiden Name	Amelia S. Oram
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jos. E. Davis
9. Father's Occupation	"Huckster"
10. Father's Birthplace	Westmorland Co Va.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25½ Greenmount Ave
Remarks	"Vertex Presentation" Baltimore. Md.

28393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. '28, 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 12th 1878
4. Place of Birth (Street and Number)	Gardenville Baltimore County Md
5. Full Name of Mother	Anna Margaretha Graetzel
6. Mother's Maiden Name	Stuerken
7. Mother's Birthplace	Hanover, Germany
8. Full Name of Father	Henry F. Graetzel
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace	Prussia, Germany
Name of Medical Attendant, or other Person who makes this Return.	Maria Anna Butt
Address	No. 185 S.E. Cor. Central Av. & Monument
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

283911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 th Dec.
4. Place of Birth (Street and Number)	George St. 130
5. Full Name of Mother	Ligey ~~Gornell~~ Sheffiel
6. Mother's Maiden Name	Ligey Gornell
7. Mother's Birthplace	England
8. Full Name of Father	byron sheffield
9. Father's Occupation	keeps a store
10. Father's Birthplace	pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Lydia Somerville
Address	13 Clinton avenue
Remarks	

advise at the birth of any child, within the City of Baltimore, shall ... the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, ... of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.8395

DEC 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 th desember
4. *Place of Birth (Street and Number)* 224 hutson st
5. *Full Name of Mother* Jane Clarke
6. *Mother's Maiden Name* Jane Cophart
7. *Mother's Birthplace* Norfalk
8. *Full Name of Father* John Clark
9. *Father's Occupation* Elevator forman
10. *Father's Birthplace* Stockford Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 December 1896
4. *Place of Birth (Street and Number)* 95 Fayette St
5. *Full Name of Mother* Hanna Knitzer
6. *Mother's Maiden Name* Bruner
7. *Mother's Birthplace* U S
8. *Full Name of Father* Joseph Knitzer
9. *Father's Occupation* Barber
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cosner

Address 52 E Lombard St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 13th 1878

4. Place of Birth (Street and Number) Belair Ave, Extended,

5. Full Name of Mother Gottliebi Crommann

6. Mother's Maiden Name Gottliebi Krämer

7. Mother's Birthplace Stein am Kaker amt Mosbach

8. Full Name of Father Henry Eheiman

9. Father's Occupation Hay & straw packer

10. Father's Birthplace Wäckar Binau amt Mosbach

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice

Address Belair Ave Extended

Remarks

28398

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 17 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 13th December.
4. *Place of Birth (Street and Number)* No. 121 Hamburg Street.
5. *Full Name of Mother* Rebecca Banks
6. *Mother's Maiden Name* Rebecca Demitz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Banks
9. *Father's Occupation* Mail Carrier
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Scarborough.

Address No. 220 Montgomery Street.

Remarks

RETURN OF A BIRTH.

28399

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the. 13, 1878.
4. *Place of Birth (Street and Number)* N. Dallas St. No. 24.
5. *Full Name of Mother* Elisabeth Müller
6. *Mother's Maiden Name* Elisabeth. Collins
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christian Müller
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

RETURN OF A BIRTH.

28400

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 December
4. *Place of Birth (Street and Number)* 45 Granby St
5. *Full Name of Mother* Matilda Straus
6. *Mother's Maiden Name* Mummert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Straus
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

98401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec 13 December 1878
4. *Place of Birth (Street and Number)* No 44 Chestnut Street
5. *Full Name of Mother* Catz Watts
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Routs

Address Williams No 70 Chestnut Street

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

98402

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19
1878
BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 208 Hanover St.
4. *Place of Birth (Street and Number)* Dec 13th 1878
5. *Full Name of Mother* Mary Sweitzer
6. *Mother's Maiden Name* Clifford
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Sweitzer
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28403

RETURN OF A BIRTH.

DEC 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	twins Females
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 Dec
4. Place of Birth (Street and Number)	158 Eager St
5. Full Name of Mother	Margaret Healy
6. Mother's Maiden Name	Jennings
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Healy
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula C. Gorman
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14 December 1878

4. Place of Birth (Street and Number) 2 North Wolfe st

5. Full Name of Mother Mari Shneider

6. Mother's Maiden Name Mari Domling

7. Mother's Birthplace Baltimore

8. Full Name of Father John Domling

9. Father's Occupation Coach maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel st pr John Kunkel

Remarks Healthy

28405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th December 1878
4. *Place of Birth (Street and Number)* No 188 Canton Avenue
5. *Full Name of Mother* Francisca Semens
6. *Mother's Maiden Name* " Ingst
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Semens
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4 1879

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth 14 of decber
4. Place of Birth (Street and Number) Biddil ally no 36
5. Full Name of Mother Elisebeth Cook
6. Mother's Maiden Name
7. Mother's Birthplace Baltimor
8. Full Name of Father Josephes goveing
9. Father's Occupation Laber
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Lucinder Conish mid Wif

Address 48 Biddil ally

Remarks i Beeg to Bee excuse for not sending this Beefor on the acont of sickness on deth

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28407

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 24
4. *Place of Birth (Street and Number)* Hanbert Street
5. *Full Name of Mother* Annie Litz
6. *Mother's Maiden Name* Annie Smith
7. *Mother's Birthplace* Germny
8. *Full Name of Father* John Litz
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germny

Name of Medical Attendant, or other Person who makes this Return. Margaret Ettel

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28408

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six Children

1. *Sex (state whether Male or Female)* three girls and three boys
2. *Race or Color (if not of the white race)* Colorite
3. *Date of Birth* 14 day of December
4. *Place of Birth (Street and Number)* 146 Hollis St 1878
5. *Full Name of Mother* hanor ane Smith
6. *Mother's Maiden Name* hanor ane Cowrall
7. *Mother's Birthplace* naplise M D
8. *Full Name of Father* george m Carrille
9. *Father's Occupation* anything
10. *Father's Birthplace* unrundal County

Name of Medical Attendant, or other Person who makes this return Lithbeath Foot

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28409

HEALTH DEPARTMENT BALTIMORE DEC 20 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d. /
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 14 1878
4. Place of Birth (Street and Number)	442 E. Eker Str.
5. Full Name of Mother	Elisabet Rudiger
6. Mother's Maiden Name	Elisabet Rodter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gustav Rudiger
9. Father's Occupation	Haustabenter
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Maria R. Rudiger
Address	134 N. Bond Str.
Remarks	

RETURN OF A BIRTH.

98110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th Dec. 1878.
4. *Place of Birth (Street and Number)* No. 69, N. Lombard St.
5. *Full Name of Mother* Mary A. Wedi.
6. *Mother's Maiden Name* Zimmerman.
7. *Mother's Birthplace* Baltimore Co.
8. *Full Name of Father* Henry Wedi.
9. *Father's Occupation* Hostler.
10. *Father's Birthplace* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Miss. A. Lindner.

Address Boys Monroe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED, 2-28-62

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Minnie O. Link

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Balto Dec 14th 1878
4. *Place of Birth (Street and Number)* 89 Bethel Street
5. *Full Name of Mother* Mary Link
6. *Mother's Maiden Name* Mary Diering
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Link
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1st 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth December 14th 1878.

4. Place of Birth (Street and Number) No 301 Eden st.

5. Full Name of Mother Louisa Joesting

6. Mother's Maiden Name Louisa Rewover.

7. Mother's Birthplace Germany.

8. Full Name of Father August Joesting

9. Father's Occupation Cigar Manufactore.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Head Hillegeist.

Address No 182 E Monument st.

Remarks

28413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth December 15th 1878

4. Place of Birth (Street and Number) No 328 Hannover St

5. Full Name of Mother Anna Lehser

6. Mother's Maiden Name Anna Greibel.

7. Mother's Birthplace Baltimore M.d.

8. Full Name of Father Charles Lehser

9. Father's Occupation Labore

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Burn

Address 114 Battery St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,84111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 17 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 16th 1878
4. Place of Birth (Street and Number)	217 Conway St
5. Full Name of Mother	Mary E Clark
6. Mother's Maiden Name	Mary E. Flynn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J F Clark
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Dorchester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28415

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st,~~ 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* Dec 15th 78
4. *Place of Birth (Street and Number)* 168 Lexington St
5. *Full Name of Mother* Bertha Sondheim
6. *Mother's Maiden Name* Bertha Oppenheimer,
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Samuel Sondheim
9. *Father's Occupation* Dry Goods, Merchant,
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John. J. R. Strozer M.D.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28416

DEC 16 78 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 15 1878
4. *Place of Birth (Street and Number)* 19 Randall st
5. *Full Name of Mother* Mary A Green
6. *Mother's Maiden Name* Mary A Rollins
7. *Mother's Birthplace* Balto ~~Machine Woodworker~~
8. *Full Name of Father* Thos N Green
9. *Father's Occupation* Machine Woodworker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28117

1101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Col'd
3. *Date of Birth* Dec 15th 1878
4. *Place of Birth (Street and Number)* No 2 Shultz Court
5. *Full Name of Mother* Sarah Tilman
6. *Mother's Maiden Name* Sarah Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Tilman
9. *Father's Occupation* Seeborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Upshur

Address No 150 South Eutaw St

Remarks None

28418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	Dec. 15th 1878.
4. *Place of Birth (Street and Number)*	#239 Dunham's Str.
5. *Full Name of Mother*	Mr. Liefert "
6. *Mother's Maiden Name*	Maria Liefert "
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Edward Liefert "
9. *Father's Occupation*	Brakeman,
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary E. Simms.
Address	#171 Washington Str "
Remarks	F.P.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 15 th 1878
4. *Place of Birth (Street and Number)* No 398 Charles st
5. *Full Name of Mother* Cathern Shoenhardt
6. *Mother's Maiden Name* Jacob
7. *Mother's Birthplace* America
8. *Full Name of Father* William Shoenhardt
9. *Father's Occupation* Barbar
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address No 330 Hanover st

Remarks

28420

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE DEC 23 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 11th 1879
4. *Place of Birth (Street and Number)*	1520 Walsh Street
5. *Full Name of Mother*	Fort Armstrong
6. *Mother's Maiden Name*	" Stark
7. *Mother's Birthplace*	Salem Mass
8. *Full Name of Father*	John Armstrong
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	E. Schmidt
Address	476 Fleet Ave
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 S. d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Decemb. 15 1878
4. *Place of Birth (Street and Number)* 47 Little Mr. Elderny Str.
5. *Full Name of Mother* Ema Gopmer
6. *Mother's Maiden Name* Ema Vogel
7. *Mother's Birthplace* Baltimor M
8. *Full Name of Father* August Gopmer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie L Ruediger

Address 134 N Londstr

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,84,291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 December
4. *Place of Birth (Street and Number)* 38 Barnes St
5. *Full Name of Mother* Anna Simek
6. *Mother's Maiden Name* " Brabecek
7. *Mother's Birthplace* Hajek Bohemia
8. *Full Name of Father* Wacław Simek
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hajek Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

28423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 15th 1878
4. Place of Birth (Street and Number) No. 156 West st
5. Full Name of Mother Lizzie Miller
6. Mother's Maiden Name Lizzie Schick
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Miller
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No. 106 West st

Remarks

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

284244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 15th 1878

4. Place of Birth (Street and Number) #176 Saratoga St

5. Full Name of Mother Lena Herman

6. Mother's Maiden Name Lena v.d. Wettern

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George J. Herman

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Miss A. Lindner

Address No 45 Monroe St. B. M.

Remarks

28425

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15th December 1878
4. *Place of Birth (Street and Number)* No 862 W. Pratt St.
5. *Full Name of Mother* Caroline Link.
6. *Mother's Maiden Name* Scharman
7. *Mother's Birthplace* Harmstat.
8. *Full Name of Father* Adam Link
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Harmstat

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Lindner.

Address No 15 Monroe

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28426

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 15th 1878.
4. Place of Birth (Street and Number)	No. 277 Aisquith St.
5. Full Name of Mother	Bernardine Hebrank.
6. Mother's Maiden Name	Bernardine Wellinger.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Joseph Hebrank.
9. Father's Occupation	Barber.
10. Father's Birthplace	Lancaster, Pa.
Name of Medical Attendant, or other Person who makes this Return.	Wm. Hillegeist.
Address	No. 182 E. Monument St
Remarks	

28427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th December
4. Place of Birth (Street and Number) 101 Argyle Avenue
5. Full Name of Mother Charlotte Louise Caulfield
6. Mother's Maiden Name " " Callard
7. Mother's Birthplace New York
8. Full Name of Father Valentine W. Caulfield
9. Father's Occupation Professor of Music
10. Father's Birthplace Dublin, Ireland

Name of Medical Attendant, or other Person who makes this Return. John Dickson

Address 261 Madison Avenue

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

98129

HEALTH DEPARTMENT DEC 24 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 December 98
4. *Place of Birth (Street and Number)* 76 High St
5. *Full Name of Mother* Bridget Colens
6. *Mother's Maiden Name* Mc Renall
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Colens
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 72 E Lombard St

Remarks

RETURN OF A BIRTH.

25429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 15
4. Place of Birth (Street and Number)	Baltimore Tyson st 94
5. Full Name of Mother	Mary Bently
6. Mother's Maiden Name	Mary - Bentley
7. Mother's Birthplace	Chicago Ills
8. Full Name of Father	Horace Bently
9. Father's Occupation	Waiter
10. Father's Birthplace	Eastern Shore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Chew.
Address	
Remarks	94 Tyson - St -

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 15 1878
4. Place of Birth (Street and Number) 121 Ross St
5. Full Name of Mother Fredericka Schwatka
6. Mother's Maiden Name " Hook
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John A Schwatka
9. Father's Occupation Stoke-Cutter
10. Father's Birthplace Galena Ill
Name of Medical Attendant, or other Person who makes this Return. W. L. Rider M.D.
Address 87 Mulberry St
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

28431

HEALTH DEPARTMENT BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th [illegible]

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Full name - Felix Hughes Johnston
3. *Date of Birth* Dec 15th 1878
4. *Place of Birth (Street and Number)* 150 Dover St
5. *Full Name of Mother* Esther (Johnson) Johnston
6. *Mother's Maiden Name* " Hughes
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* James (Johnson) Johnston
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible] (Mrs)

Address 220 Preston St

Remarks —

RETURN OF A BIRTH.

2811 32

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1878
BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 Inst.
4. *Place of Birth (Street and Number)* 159 Henrietta st
5. *Full Name of Mother* Magdalena Holm
6. *Mother's Maiden Name* Leipper
7. *Mother's Birthplace* Saxony, Gotha
8. *Full Name of Father* Henry Hoehn
9. *Father's Occupation* Lock Smith
10. *Father's Birthplace* Travelling agent

Name of Medical Attendant, or other Person who makes this Return. Mary Holm

Address 328 South Eutaw st

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Decemb 18
4. *Place of Birth (Street and Number)* 21 Barre st
5. *Full Name of Mother* Margret ann Sullivan
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Milly Gross

Address 181 york st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

284314

DEPARTMENT OF HEALTH
DEC 18 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 of Desember
4. *Place of Birth (Street and Number)* ~~Nova Scotia~~ 42 Gist st
5. *Full Name of Mother* Lucy Ellen king
6. *Mother's Maiden Name* Lucy Ellen humphry
7. *Mother's Birthplace* Novia Scotia
8. *Full Name of Father* William S king
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28435

DEC 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15 December
4. *Place of Birth (Street and Number)*	138 Eng Lane
5. *Full Name of Mother*	Annie O'Kelly
6. *Mother's Maiden Name*	Annie Lennon
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Kelly
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Miss Eliza Fleming
Address	95 Gilmore st
Remarks	Baltimore

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

281436

HEALTH DEPARTMENT DEC 18 1918 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15 December
4. *Place of Birth (Street and Number)*	96 North Eden St
5. *Full Name of Mother*	Bell Fay
6. *Mother's Maiden Name*	Bell Bayard
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph F Fay
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Eliza Fleming
Address	95 Aisquith st
Remarks	Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2841 37

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* Mobile
3. *Date of Birth* December the 16, 1878.
4. *Place of Birth (Street and Number)* ~~S. Eden St. No. 109~~ S. Gough St. No. 46
5. *Full Name of Mother* Mary A. Neary
6. *Mother's Maiden Name* Mary A. Conner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John T. Neary
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26,

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White Child
3. *Date of Birth* Born 16th December
4. *Place of Birth (Street and Number)* No 5 Bevan St.
5. *Full Name of Mother* Mary Ulrich
6. *Mother's Maiden Name* Mary Föhr
7. *Mother's Birthplace* Neufang Bavaria
8. *Full Name of Father* Joseph Ulrich
9. *Father's Occupation* Wood Turner
10. *Father's Birthplace* Fechenbach Bavaria

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Lexingtonstreet

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28439

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16 December,
4. Place of Birth (Street and Number) 248 Sharp St.
5. Full Name of Mother Elizabeth Gumpman
6. Mother's Maiden Name E. Armbust
7. Mother's Birthplace Germany.
8. Full Name of Father Geo. Gumpman
9. Father's Occupation House Painter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katharina Munch

Address 98 Leadenhall Street

Remarks

RETURN OF A BIRTH.

28440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	16 of December 1878
4. *Place of Birth (Street and Number)*	No. 144 Redgley St.
5. *Full Name of Mother*	Mary Reth
6. *Mother's Maiden Name*	Mary Strottman
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	John A. Reth
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimor
Name of Medical Attendant, or other Person who makes this return	Sabena Grishaber
Address	No. 128 West St. Baltimore Md.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 16. Feb.
4. *Place of Birth (Street and Number)* No. 216 Cendrel, ave.
5. *Full Name of Mother* Margaret Nigel
6. *Mother's Maiden Name* Margaret Felt Field
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Treadt
9. *Father's Occupation* Taylor Taylor
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Alex Turner.

Remarks 117 Harford ave. 1878

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec 16th 1878.
4. Place of Birth (Street and Number)	15 Cambridge Str.
5. Full Name of Mother	L. McElwee
6. Mother's Maiden Name	L. McElwee
7. Mother's Birthplace	Balto.
8. Full Name of Father	Saml McElwee
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	~~#~~ 171 S Washington Str.
Remarks	F.P.

RETURN OF A BIRTH.

28443

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 16 d. 1878
4. *Place of Birth (Street and Number)* 64 n. Wolf str.
5. *Full Name of Mother* Magdalene Herrman
6. *Mother's Maiden Name* M. Herrman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan B. Fr. Herrman
9. *Father's Occupation* Borttener
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bond str.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28-11-11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* dece 16
4. *Place of Birth (Street and Number)* Elbow lane 188 Baltimore
5. *Full Name of Mother* Mary keys
6. *Mother's Maiden Name* Mary brown
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* William keys
9. *Father's Occupation* water
10. *Father's Birthplace* Baltimore county

Name of Medical Attendant, or other Person who makes this Return. Mary Ann dowdey

Address elbow lane 188

Remarks five dollars

RETURN OF A BIRTH.

28115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 20 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 16th 78
4. *Place of Birth (Street and Number)* 54 S. Howard St.
5. *Full Name of Mother* Josephine Puls
6. *Mother's Maiden Name* Josephine Schwartz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* August Puls
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Borgholz Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Schaefer

Address No 33 Howard St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 16 1878

4. Place of Birth (Street and Number) 159 S. Charles st

5. Full Name of Mother Bathsuna Goodman

6. Mother's Maiden Name " Lewyt

7. Mother's Birthplace Baltimore

8. Full Name of Father Emanuel Goodman

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return, P. L. Williams

Address 201 Madison Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28447

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* ~~Male~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 16th 1878. Girl
4. *Place of Birth (Street and Number)* 55 N. Broadway
5. *Full Name of Mother* Cornelia Owen Swearer
6. *Mother's Maiden Name* Cornelia Owen Tomkinson
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Charles Swearer
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Baltimore Street

Remarks

RETURN OF A BIRTH.

28448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 December 1878
4. *Place of Birth (Street and Number)* 58 Albemarle St
5. *Full Name of Mother* Lizie Collen
6. *Mother's Maiden Name* Boyst
7. *Mother's Birthplace* England
8. *Full Name of Father* Edward Collen
9. *Father's Occupation* Late Captain
10. *Father's Birthplace* Edward

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E Lombard St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

28149

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 16th 1878
4. Place of Birth (Street and Number)	221 North Caroline st
5. Full Name of Mother	Mary E Berger
6. Mother's Maiden Name	Mary E. Berger
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Augustus L Berger
9. Father's Occupation	Police Sergt
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Amanda Manning
Address	378 E Monument st
Remarks	

28450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 16th Dec
4. *Place of Birth (Street and Number)* 22 wagon alley
5. *Full Name of Mother* Sarah wells
6. *Mother's Maiden Name* Sarah wells
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Brown
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

28451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	December 16 - 1878
4. *Place of Birth (Street and Number)*	No 50 Fairmount Ave
5. *Full Name of Mother*	Anna E Trimble
6. *Mother's Maiden Name*	Anna E Williams
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James B Trimble
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm A Atwell
Address	196 McDonough st
Remarks	

28452

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th December.
4. *Place of Birth (Street and Number)* No. 214 Montgomery Street.
5. *Full Name of Mother* Kate Roach.
6. *Mother's Maiden Name* Kate Conroy
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Roach.
9. *Father's Occupation* Lumber
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Scarborough.

Address No. 220 Montgomery Street.

Remarks

28453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 18 1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Col
3. *Date of Birth*	16th Dec 1878
4. *Place of Birth (Street and Number)*	No 6 Forney Alley
5. *Full Name of Mother*	Richel Cobl
6. *Mother's Maiden Name*	" " Tillman
7. *Mother's Birthplace*	Easten Md
8. *Full Name of Father*	Charles Coal
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	Fanny Marshal at H house
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28454

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec 17th 1878 "
4. Place of Birth (Street and Number)	Fountain Str
5. Full Name of Mother	Mrs. M. Michael,
6. Mother's Maiden Name	Mary Miller "
7. Mother's Birthplace	Balto. "
8. Full Name of Father	Wm Michael,
9. Father's Occupation	Laborer, "
10. Father's Birthplace	Balto "
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	# 171 Washington Str.
Remarks	F P

28455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex (state whether ~~Male~~ or Female)* (Twins) Females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th December 1878
4. *Place of Birth (Street and Number)* 119 S. Broadway
5. *Full Name of Mother* Mary Whitehill
6. *Mother's Maiden Name* Mary Meyers
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Albert Whitehill
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell

Address 207 S. Broadway

Remarks Israelites

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28456

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown Skin
3. Date of Birth ~~Blank~~ Tuesday 17th 1878
4. Place of Birth (Street and Number) Goodman Alley No 13
5. Full Name of Mother Henrieta Shannon 1/1
6. Mother's Maiden Name Henrieta Jasset
7. Mother's Birthplace Berlin Eastern Shore Md
8. Full Name of Father John Shannon
9. Father's Occupation Works at Coal factory
10. Father's Birthplace Berlin eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Rosetter Galloway

Address No 144 South eutah St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28457

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17th 1878
4. Place of Birth (Street and Number)	129 E. Washington St.
5. Full Name of Mother	Ann Rebecca Thompson Williams
6. Mother's Maiden Name	Ann Rebecca Thompson,
7. Mother's Birthplace	Dorchester Co. Md
8. Full Name of Father	P. I. Williams
9. Father's Occupation	Can maker
10. Father's Birthplace	Seals Island Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timmis
Address	No 129 E. Wash. St.
Remarks	

28458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	E Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17 1878
4. Place of Birth (Street and Number)	147 Bailey Avenue
5. Full Name of Mother	Maria Olsen
6. Mother's Maiden Name	Maria Lambert
7. Mother's Birthplace	Md
8. Full Name of Father	John Olsen
9. Father's Occupation	Engineer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	M. B. Noble M.D.
Address	17 Hanover
Remarks	

RETURN OF A BIRTH.

28459

HEALTH DEPARTMENT
DEC
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 December 1878
4. *Place of Birth (Street and Number)* 376 Orleans St
5. *Full Name of Mother* Mathilda Stein
6. *Mother's Maiden Name* Ross
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michel Stein
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lina Cassen

Address 82 E Lombard St

Remarks

28460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 17th 1878
4. *Place of Birth (Street and Number)* 185 Lower St
5. *Full Name of Mother* Christine Elisabeth Alt
6. *Mother's Maiden Name* " " Ruppert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Alt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible] (Mrs)

Address 220 [illegible]

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 17 78
4. *Place of Birth (Street and Number)* 164 Lee St.
5. *Full Name of Mother* Lina Drees
6. *Mother's Maiden Name* Schappinger
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Louisa Drees
9. *Father's Occupation* Barber
10. *Father's Birthplace* Prussian

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 1328 South Eutaw St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NAME ADDED 12-16-57

RETURN OF A BIRTH.

28462

To the Office of Registrar of Vital Statistics, Board of Health,

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

BALTIMORE CITY.

Claude Buffington Clutz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth child.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec. 17 78.
4. Place of Birth (Street and Number) 437 N. Carey St.
5. Full Name of Mother Liberty Clutz
6. Mother's Maiden Name Hullinger
7. Mother's Birthplace Adams Co. Pa.
8. Full Name of Father Jacob A. Clutz
9. Father's Occupation Clergyman
10. Father's Birthplace Adams Co. Pa.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 77 George St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,8463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Dec 18 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 17th 1828.
4. Place of Birth (Street and Number) 78 Lancaster St.
5. Full Name of Mother Mary A Lamm.
6. Mother's Maiden Name Mary Lanacer.
7. Mother's Birthplace Germany
8. Full Name of Father Thomas Adams
9. Father's Occupation Carter.
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Lamm

Address 137 South Wolfe Street

Remarks

RETURN OF A BIRTH.

28461 1-2

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec 17. 1878.
4. Place of Birth (Street and Number)	207 N. Eutaw,
5. Full Name of Mother	Catherine Isabel Steward,
6. Mother's Maiden Name	Gonder.
7. Mother's Birthplace	Baltimore,
8. Full Name of Father	Cornelius H Steward,
9. Father's Occupation	Fruit Dealer.
10. Father's Birthplace	New York.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. R. Magruder
Address	175 Saratoga St.
Remarks	

28466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 18th 1878
4. *Place of Birth (Street and Number)*	No 5 Stocker Street
5. *Full Name of Mother*	Maggie Klarmen
6. *Mother's Maiden Name*	" Lattere
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Shoes Maker
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace*	Ex Schmitt
Name of Medical Attendant, or other Person who makes this return	No 416 Penne Avenue
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28466

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 18th 1878
4. *Place of Birth (Street and Number)* No 254 Cross st
5. *Full Name of Mother* Mary Schenk
6. *Mother's Maiden Name* Kaiser
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Henry Schenk
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Germaney

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address No 330 Hanover st

Remarks

RETURN OF A BIRTH.

28467

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 7th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 18th 1878
4. Place of Birth (Street and Number) 123 Mulberry st Balt
5. Full Name of Mother Annie Coll
6. Mother's Maiden Name " Walsh
7. Mother's Birthplace Baltimore
8. Full Name of Father John Coll
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. James L Stewart M.D

Address 93 Park ave

Remarks Natural.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18 1878
4. *Place of Birth (Street and Number)* 21 chester st
5. *Full Name of Mother* mary e hitchens
6. *Mother's Maiden Name* mary e pitster
7. *Mother's Birthplace* Summerset county
8. *Full Name of Father* George W Hitchens
9. *Father's Occupation* mariner
10. *Father's Birthplace* Summerset county

Name of Medical Attendant, or other Person who makes this return mary Conner 153

Address Collington avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28469

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Balto

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec. 18th 1878.
4. Place of Birth (Street and Number) 244 South Durham St
5. Full Name of Mother Katie Lindeman
6. Mother's Maiden Name Katie Schuemen
7. Mother's Birthplace Germany
8. Full Name of Father Henry Lindeman
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 137 South Wolfe St

Remarks C17

RETURN OF A BIRTH.

28470

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Dec 18th 1878
4. *Place of Birth* (Street and Number)	No 258 Bank St. Baltimore Md.
5. *Full Name of Mother*	Lucy B. McKay
6. *Mother's Maiden Name*	Lucy B Simpkins
7. *Mother's Birthplace*	Somerset Co.
8. *Full Name of Father*	Ebenezer McKay
9 *Father's Occupation*	Seaman
10. *Father's Birthplace*	Scotland
Name of Medical Attendant, or other Person who makes this Return.	M. A. Davenport
Address	175 Gough St. Balt. Md.
Remarks	

RETURN OF A BIRTH.

28471

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 23
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 December 1878
4. Place of Birth (Street and Number) 65 Camden st
5. Full Name of Mother Susanna Bose
6. Mother's Maiden Name " Gumer
7. Mother's Birthplace Philadelphia
8. Full Name of Father Christian Bose
9. Father's Occupation Saddler
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Katherine Muench

Address 98 Leadenhall st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28472

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 18th 1878
4. *Place of Birth (Street and Number)* No 166 Sharp st
5. *Full Name of Mother* Louise Lohrman
6. *Mother's Maiden Name* Diedmier
7. *Mother's Birthplace* America
8. *Full Name of Father* Henry Lohrman
9. *Father's Occupation* Germany
10. *Father's Birthplace* Baker

Name of Medical Attendant, or other Person who makes this Return. Mrs Lohnasser midwife

Address No 330 Hanover st

Remarks

28473

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 December
4. Place of Birth (Street and Number)	No 80 Towsend Street
5. Full Name of Mother	Carline Slater
6. Mother's Maiden Name	Carline Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	John Slater
9. Father's Occupation	Labor
10. Father's Birthplace	Germney
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Margret Ettel

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE. DEC 26 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 18th
4. Place of Birth (Street and Number)	385 West Pratt St
5. Full Name of Mother	Kunigunda Hopf
6. Mother's Maiden Name	Kunigunda Pistel
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Simon Hopf
9. Father's Occupation	Boot and Shoe fitter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seebach
Address	No 439 West Pratt Street
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 10th

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 18th 1878
4. *Place of Birth (Street and Number)* 22 S. Republican St.
5. *Full Name of Mother* Mary Thompson
6. *Mother's Maiden Name* " Scharf
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Jno Thompson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 379 W. Lombard St.

Remarks

RETURN OF A BIRTH.

28476
28477

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

hild of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

ate whether Male or Female) Female Male Twins

or Color (if not of the white race) Black

f Birth December 18th 1878

of Birth (Street and Number) 87 Goodman's Alley

Name of Mother Amanda Sanders

r's Maiden Name " " " " " "

r's Birthplace Jakesville Dorchester Co Md

Name of Father William Henry Sanders

r's Occupation Wood Sawyer

r's Birthplace Jakesville Dorchester Co Md

of Medical Attendant, or other Person who makes this return Caroline Moore

ess 273 Hughes St

rks

Y & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 20 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* dezembr. 18d. 1878
4. *Place of Birth (Street and Number)* 356 E. Eker str.
5. *Full Name of Mother* Karoliene Knaust
6. *Mother's Maiden Name* K. Pfaffenbach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Knaust
9. *Father's Occupation* Telegrafwurker
10. *Father's Birthplace* Benvn. Amerika

Name of Medical Attendant, or other Person who makes this Return. M. K. Rudiger

Address 134 N. Bondst.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28479

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18th 1878
4. *Place of Birth (Street and Number)* No 37 Edward St
5. *Full Name of Mother* Briget Kreisner
6. *Mother's Maiden Name* Jennings
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Samuel Kreisner
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No. 185. S.E. cor. Centrel av. & Monument St.

Remarks Well

28480

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Wite
3. *Date of Birth* 18 7 December
4. *Place of Birth (Street and Number)* 466 Canton avnue Baltimore
5. *Full Name of Mother* Margreta Loetzer
6. *Mother's Maiden Name* Margreta Wagner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Loetzer
9. *Father's Occupation* ~~Cros~~ storekeeper
10. *Father's Birthplace* Germeine

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

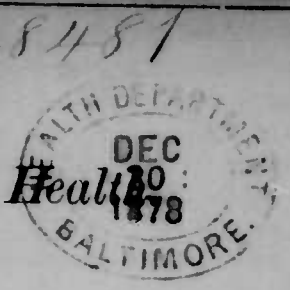
Address No 12 Patersonpark avnue

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28481

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* ~~White~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 of December 1878
4. *Place of Birth (Street and Number)* Patapsco neck
5. *Full Name of Mother* Mary Eches
6. *Mother's Maiden Name* Mary Libmyr
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Eches
9. *Father's Occupation* Sabora
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

28482

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 30 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	19 Dec 1878
4. Place of Birth (Street and Number)	Canton Av & Ann St
5. Full Name of Mother	Eva Babler
6. Mother's Maiden Name	Ritterbusch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Balster
9. Father's Occupation	Oysterman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E Pratt St.
Remarks	

RETURN OF A BIRTH.

28183

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 18th 1878
4. Place of Birth (Street and Number)	126 E. Mash. St
5. Full Name of Mother	Ida Lockhart Lockhart
6. Mother's Maiden Name	Ida Lockhart
7. Mother's Birthplace	Balto
8. Full Name of Father	R. Lockhart,
9. Father's Occupation	Laborer
10. Father's Birthplace	Jersey City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	1077 E. Mash. St.
Remarks	

dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

281811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childr
born, its or their physical condition, whether still born or not, the full name, nativity, and residen
of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 18th 1878
4. *Place of Birth (Street and Number)*	357 Hanover St.
5. *Full Name of Mother*	Mary Anna Pritchett
6. *Mother's Maiden Name*	Fair Cauls
7. *Mother's Birthplace*	Talbott Co Md
8. *Full Name of Father*	Benj. F. Pritchett
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre
Remarks	

RETURN OF A BIRTH.

28486

HEALTH DEPARTMENT DEC 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 18. 1878.
4. *Place of Birth (Street and Number)* Orleans St. No. 318.
5. *Full Name of Mother* Caroline Schmidt
6. *Mother's Maiden Name* Caroline Loos
7. *Mother's Birthplace* Siebenbach. Kr. Baiern. Germany
8. *Full Name of Father* John E. Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Treffort. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 18th 1878

4. Place of Birth (Street and Number) ~~45~~ 45 N. Stricker St.

5. Full Name of Mother Mrs. Sarah Johannes

6. Mother's Maiden Name Mitchell

7. Mother's Birthplace Baltimore City

8. Full Name of Father Allen Johannes

9. Father's Occupation Jeweller

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. W. Murray M.D.

Address 3 N. Carey St.

Remarks Adherent placenta - Removed under influence of Chloroform one hour after birth of child.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28487

HEALTH DEPARTMENT
DEC 17 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colod
3. Date of Birth December 18 1878
4. Place of Birth (Street and Number) No 209 Hamburg Street
5. Full Name of Mother Susan Gye
6. Mother's Maiden Name Susan Custers
7. Mother's Birthplace Virginia
8. Full Name of Father William Gye
9. Father's Occupation Sailing
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Margret Shriggs

Address No 2 Peach alley

Remarks Dead

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28188

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 9th 1878
4. *Place of Birth (Street and Number)* No 200 Gross st
5. *Full Name of Mother* Elise Baumgaertner
6. *Mother's Maiden Name* ~~Dietz~~ Leis
7. *Mother's Birthplace* America
8. *Full Name of Father* Andreas Baumgaertner
9. *Father's Occupation* Clerk
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmayer midwife

Address No 330 Hanover st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28489
28490

HEALTH DEPARTMENT
DEC 23 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. Sex (state whether Male or Female) Females

2. Race or Color (if not of the white race)

3. Date of Birth December 19th 1878

4. Place of Birth (Street and Number) William Street No 270

5. Full Name of Mother Mathilda Heidrich

6. Mother's Maiden Name Mathilda Demintel

7. Mother's Birthplace " Balto. Md. " "

8. Full Name of Father Louis Heidrich

9. Father's Occupation Labor

10. Father's Birthplace Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person, in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2811 71

HEALTH DEPARTMENT DEC 23 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 19th 1878
4. *Place of Birth (Street and Number)* No 737 Hanover st
5. *Full Name of Mother* Mary Wiland
6. *Mother's Maiden Name* Simmons
7. *Mother's Birthplace* America
8. *Full Name of Father* John Wiland
9. *Father's Occupation* Seabarer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schnaggar midwife

Address 330 Hanover st

Remarks

28492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 19th December 1878

4. Place of Birth (Street and Number) Philadelphia road

5. Full Name of Mother Rosi Wiseman

6. Mother's Maiden Name Rosi Brady.

7. Mother's Birthplace Baltimore city.

8. Full Name of Father Carl Brady.

9. Father's Occupation Labor man

10. Father's Birthplace Sweden Germany.

Name of Medical Attendant, or other Person who makes this Return. Cresentia Funkel

Address 11 North chappel st 11 John Funkel

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28493

HEALTH DEPARTMENT DEC 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 19 th 1878
4. *Place of Birth (Street and Number)* 16 58 Ridgely st
5. *Full Name of Mother* Anna Kippmann
6. *Mother's Maiden Name* Topfer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Kippmann
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schnaedter midwife

Address 330 Hanover st.

Remarks

RETURN OF A BIRTH.

28494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 19th 78
4. Place of Birth (Street and Number)	246 Franklin st
5. Full Name of Mother	S. M. Maihl
6. Mother's Maiden Name	S M, Robertson.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Thomas Maihl
9. Father's Occupation	Upholster.
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John S Pennington M.D.
Address	98 N Greene st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

Sex (state whether Male or Female) Female

Race or Color (if not of the white race) Black

Date of Birth December 19th 1876

Place of Birth (Street and Number) 273 Hughes St.

Full Name of Mother Hester Eleanor

Mother's Maiden Name Hester Chase

Mother's Birthplace Cecil County Maryland

Full Name of Father Benjamin Eleard

Father's Occupation Oyster Culler

Father's Birthplace Talbot County Maryland.

Name of Medical Attendant, or other Person who makes this return Caroline Moore

Address 273 Hughes St.

Remarks

DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 19th 1878
4. *Place of Birth (Street and Number)* Parrish street near 4
5. *Full Name of Mother* Anna Thompson
6. *Mother's Maiden Name* Anna Bartell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm. F. Thompson
9. *Father's Occupation* Locomotive Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Rosa Anderson

Address

Remarks

thin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
rn, its or their physical condition, whether still born or not, the full name, nativity, and residence
f the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28497

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male 4 4 4
2. Race or Color (if not of the white race) Colored
3. Date of Birth 19 of December
4. Place of Birth (Street and Number) 71 Jasper street
5. Full Name of Mother Phebe Adgeley
6. Mother's Maiden Name
7. Mother's Birthplace in Baltimore city
8. Full Name of Father John Bird
9. Father's Occupation Barber
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish

Address 15 Jordon Alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Elder one Thomas

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* December 19, 1878
4. *Place of Birth (Street and Number)* Pope Walk avenue
5. *Full Name of Mother* Lucy ann Thomas
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Sunrained County
8. *Full Name of Father* George Washington Thomas
9. *Father's Occupation* Coal porter
10. *Father's Birthplace* Sunrained County

Name of Medical Attendant, or other Person who makes this Return. Need one medicine

Address address by Nancy Lyle

Remarks Well as can be expected

[illegible] Winter street

RETURN OF A BIRTH.

28499

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 19. 1878
4. *Place of Birth (Street and Number)* S. Ann St. No 211.
5. *Full Name of Mother* Mary A. Hurley
6. *Mother's Maiden Name* Mary A. Lynch
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Hurley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Clare. Ir. Gr. Britt. Europe

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No 26.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 December 1878
4. *Place of Birth (Street and Number)* 123 Carolina St
5. *Full Name of Mother* Lizie E Ekert
6. *Mother's Maiden Name* Kurtz
7. *Mother's Birthplace* U S
8. *Full Name of Father* John W Ekert
9. *Father's Occupation* Clerk
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Crispin

Address 52 E Lombard St

Remarks

28501

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 19 Decr 1878
4. *Place of Birth (Street and Number)* No 8 Ruffin Street
5. *Full Name of Mother* Fanny Hazel
6. *Mother's Maiden Name* 3
7. *Mother's Birthplace* Kent Island
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Roth

Address William No 70

Remarks Chesnut Street

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28502

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th Dec 1878
4. Place of Birth (Street and Number)	N E Wash. St near Caton Ave
5. Full Name of Mother	Annie M J. Lutz
6. Mother's Maiden Name	Annie M Jones
7. Mother's Birthplace	Balto
8. Full Name of Father	Jno G Lutz
9. Father's Occupation	Caulker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms
Address	No 199 E. West St.
Remarks	

28503

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 20th/78
4. Place of Birth (Street and Number)	149 S Chapel St
5. Full Name of Mother	Mary A. R. Walden
6. Mother's Maiden Name	Mary A Roth
7. Mother's Birthplace	Balto
8. Full Name of Father	Ezra Walden
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	207 1/2 E. Monk.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 20 1878
4. Place of Birth (Street and Number)	45 Hill St
5. Full Name of Mother	Lena Hubbard
6. Mother's Maiden Name	Lena Lecompt
7. Mother's Birthplace	Ma
8. Full Name of Father	Capt Rigby Hubbard
9. Father's Occupation	Mariner
10. Father's Birthplace	Ma
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble Ma
Address	17 Warren Av
Remarks	

28505

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* december 20 1878
4. *Place of Birth (Street and Number)* 234 bank st
5. *Full Name of Mother* mary pitenger
6. *Mother's Maiden Name* mary garrett
7. *Mother's Birthplace* baltimorer city
8. *Full Name of Father* richerd pitenger
9. *Father's Occupation* carpenter
10. *Father's Birthplace* baltimorer city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28506

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 20th December

4. Place of Birth (Street and Number) Baltimore. Battery ave. No 136

5. Full Name of Mother Emma Thomas.

6. Mother's Maiden Name Emma Walker

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert H Thomas.

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gonway.

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White 1
3. *Date of Birth* December the. 20. 1878.
4. *Place of Birth (Street and Number)* N. Eden St. Nr 166.
5. *Full Name of Mother* Lizzie Sauer
6. *Mother's Maiden Name* Lizzie Fischer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Kasper Sauer
9. *Father's Occupation* Broom Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. Nr 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25505

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Decemb 20th 1878
4. *Place of Birth (Street and Number)* N. 91 W Chas St
5. *Full Name of Mother* Matilda J. Lee
6. *Mother's Maiden Name* Matilda Jenkins
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Charles O'Donnell Lee
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E Chetard M.D

Address N 114 Park Ave.

Remarks

28509

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth December 20th 1878

4. Place of Birth (Street and Number) Battery Av No 114.

5. Full Name of Mother Ellen Klages.

6. Mother's Maiden Name Ellen Meyers.

7. Mother's Birthplace Balto Md.

8. Full Name of Father Charles A Klages

9. Father's Occupation Engineer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Baltimore

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 20th 1878
4. *Place of Birth (Street and Number)* 276 Eastern Ave
5. *Full Name of Mother* Mary Libers.
6. *Mother's Maiden Name* Mary Weinheim
7. *Mother's Birthplace* America
8. *Full Name of Father* William Libers.
9. *Father's Occupation* Driver
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold

Address 132 South Wolfe St

Remarks ds

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 20th of December 1878
4. Place of Birth (Street and Number) 11 North Washington st
5. Full Name of Mother Dale Fahy
6. Mother's Maiden Name Deli Horning
7. Mother's Birthplace Ireland
8. Full Name of Father Sam Horning
9. Father's Occupation carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel st p John Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 13

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 20. Decemper
4. *Place of Birth (Street and Number)* No 246 Cross St.
5. *Full Name of Mother* Marge Palmes
6. *Mother's Maiden Name* Marge Piter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John John Piter
9. *Father's Occupation* Sayler
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks 113 Harpers ave.

RETURN OF A BIRTH.

28513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Twelfth

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 20th 1875
4. *Place of Birth (Street and Number)* 309 E Pratt st
5. *Full Name of Mother* Fredricka Ehrman
6. *Mother's Maiden Name* Fredricka Gehrman
7. *Mother's Birthplace* Braunschweig Germany
8. *Full Name of Father* Frederick Ehrman
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Wolfenbuttel Germany

Name of Medical Attendant, or other Person who makes this return Nicholas F. Dubois

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

285114

HEALTH DEPARTMENT BALTIMORE DEC 29 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 29th 1878.
4. Place of Birth (Street and Number)	16 Clinton St.
5. Full Name of Mother	Martha L. Ford.
6. Mother's Maiden Name	Martha L. Sapp.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry R. Ford.
9. Father's Occupation	Upholster.
10. Father's Birthplace	Washington DC.
Name of Medical Attendant, or other Person who makes this Return.	Silas D. Pennington MD.
Address	98 N Green St.
Remarks	

28515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th December 1878
4. *Place of Birth (Street and Number)* Calverton Road & Hollins St
5. *Full Name of Mother* Rosa Krueger
6. *Mother's Maiden Name* Rosa Weber
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John H. Krueger
9. *Father's Occupation* Hair Manufacturer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sulack

Address No 432 West Fruit Street

Remarks

RETURN OF A BIRTH.

25516

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 21 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 29th 1878
4. Place of Birth (Street and Number)	269 S. Paca St.
5. Full Name of Mother	Catharine Foley
6. Mother's Maiden Name	Catharine Bentley
7. Mother's Birthplace	Galway Ire
8. Full Name of Father	Patrick Foley
9. Father's Occupation	Brick maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sheridan Cooke M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28517

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* Deformed
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 of December 78
4. *Place of Birth (Street and Number)* Calvert avenue 415
5. *Full Name of Mother* Charlotte Rebecca Ware
6. *Mother's Maiden Name* Charlotte Rebecca Parker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Winfield Scott Ware
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28578

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 24th 1878.
4. *Place of Birth (Street and Number)*	No 33 Bonett St.
5. *Full Name of Mother*	Mary Schaefer.
6. *Mother's Maiden Name*	Mary Geis.
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Conrad Schaefer.
9. *Father's Occupation*	Cigar Maker.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jno A Hillegeist
Address	No 182 E Pratt.
Remarks	

28519

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 December 1878
4. *Place of Birth (Street and Number)* Altermarle St
5. *Full Name of Mother* Marie Hagen
6. *Mother's Maiden Name* Long
7. *Mother's Birthplace* U S
8. *Full Name of Father* Fred Hagen
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28520

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21st of December
4. *Place of Birth (Street and Number)* 17 Preston St.
5. *Full Name of Mother* Mary Montgomery
6. *Mother's Maiden Name* Mc Lean
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Montgomery
9. *Father's Occupation* Boiler-maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 367 Cathedral St

Remarks

RETURN OF A BIRTH.

28521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 24 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 21st 1878
4. Place of Birth (Street and Number)	984 Light St
5. Full Name of Mother	Olivia Webster
6. Mother's Maiden Name	Olivia Owen
7. Mother's Birthplace	Md
8. Full Name of Father	William Webster
9. Father's Occupation	Mechanic
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Hanover
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth December 21st 1878
4. Place of Birth (Street and Number) 181 Preptman St
5. Full Name of Mother Rachel Mahalie Goodwin
6. Mother's Maiden Name Rachel Mahalie Wood
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Milton Goodwin
9. Father's Occupation Mechanist
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr J C Hammer

Address 189 Lanvale St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 151 fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 21st 1878 $80 Clock P.M.
4. Place of Birth (Street and Number) 139 Ridgley Street
5. Full Name of Mother Mary Fisher
6. Mother's Maiden Name Mary Andre
7. Mother's Birthplace City of Cassel Germany
8. Full Name of Father William Fischer
9. Father's Occupation Glass Packer
10. Father's Birthplace City of Hamburg Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks

Thus any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28524

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth the 21 of Decbr. 78
4. Place of Birth (Street and Number) 261 Lee St.
5. Full Name of Mother Mayria Herbold.
6. Mother's Maiden Name Mayria Dietz
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Herbold
9. Father's Occupation Piano Macher
10. Father's Birthplace Provinz Waldeck. Germano.

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge of the said patient, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* December 21
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Alice Stevens.
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ind.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Physician

Address Maternite Hospital

Remarks Child presented & delivered by the breech, and both it and the mother at present doing well. David Streett M.D. House Physician

RETURN OF A BIRTH.

98526

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. DEC 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 Dec
4. Place of Birth (Street and Number)	Cor Mc Elderry & and Central Ave
5. Full Name of Mother	Sarah Jenkins
6. Mother's Maiden Name	Mayers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo H Jenkins
9. Father's Occupation	Tin Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula Johnson
Address	No 7 Forrest Place
Remarks	Lived 15 Hours

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25527

HEALTH DEPARTMENT DEC 27 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 December
4. *Place of Birth (Street and Number)* 57 Granby Street
5. *Full Name of Mother* Pauline Jackson
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Jackson
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

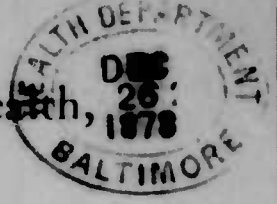
Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

RETURN OF A BIRTH.

28528



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 21st of Dec 1878
4. *Place of Birth (Street and Number)* 112 Frederick Ave.
5. *Full Name of Mother* Rebecca Limrick
6. *Mother's Maiden Name* R. Hilden
7. *Mother's Birthplace* born in Harles Vary U. S.
8. *Full Name of Father* Welford Limrick
9. *Father's Occupation* Rags Picker
10. *Father's Birthplace* born in Fredericksburg U. S.

Name of Medical Attendant, or other Person who makes this return Mrs. Hiller

Address. No 57 Malvern St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 30 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of Desember 1878
4. *Place of Birth (Street and Number)* 354 Alicean st
5. *Full Name of Mother* Elizibeth Lawence
6. *Mother's Maiden Name* Elsibeth Alenshine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick lawrence
9. *Father's Occupation* Expressman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 22nd 1878
4. Place of Birth (Street and Number)	30 N Front st
5. Full Name of Mother	Rose McGinnis
6. Mother's Maiden Name	Rose Fitzpatrick
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edward F McGinnis
9. Father's Occupation	Engineer
10. Father's Birthplace	New York Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Amanda Marine
Address	678 E Monument st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,855.37

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 22 nd 1878
4. *Place of Birth (Street and Number)* No 1 Meher st
5. *Full Name of Mother* Margareta Steyer
6. *Mother's Maiden Name* E Bluemel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Meyer
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaesser midwife

Address 330 Hanover st.

Remarks

28532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether Male or Female)* Male. "
2. *Race or Color (if not of the white race)* White. "
3. *Date of Birth* Dec 22nd 1878.
4. *Place of Birth (Street and Number)* Battery Ave. 247.
5. *Full Name of Mother* Mary Bahlman.
6. *Mother's Maiden Name* Swittler.
7. *Mother's Birthplace* Balt. Md.
8. *Full Name of Father* Henry Bahlman.
9. *Father's Occupation* Fireman.
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Dorcathea Bruce

Address E 114 Battery Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 22nd 1878
4. *Place of Birth (Street and Number)* No 357 Eastern Ave
5. *Full Name of Mother* Mrs Anna Kriegar
6. *Mother's Maiden Name* Schwartz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Albert Kriegar
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond st

Remarks

RETURN OF A BIRTH.

285534

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 22d 1878
4. Place of Birth (Street and Number)	No 52 Hill St
5. Full Name of Mother	Sarah Jones
6. Mother's Maiden Name	" Redmain
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Jones
9. Father's Occupation	Master of Vessel
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Charlotte A Lewis
Address	162 Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1 11

28335

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

51

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~) .....

1. *Sex* (~~state whether~~ Male ~~or Female~~) .....
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 22nd 1898
4. *Place of Birth* (Street and Number) 179 High st
5. *Full Name of Mother* Kate Neary — Michael
6. *Mother's Maiden Name* Kate Kelly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Neary
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address Eutaw st

Remarks Fortyeight hours in Labor.

Face presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28536

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th " "

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* December 22 1878
4. *Place of Birth (Street and Number)* No 328 N. Eden St
5. *Full Name of Mother* Mary R Getz
6. *Mother's Maiden Name* Mary R Burgess
7. *Mother's Birthplace* Balt
8. *Full Name of Father* John M Getz
9. *Father's Occupation* architect
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 23 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

285-37

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	December 22 th 1878
4. *Place of Birth (Street and Number)*	255 Hughes Street
5. *Full Name of Mother*	Sarah L Stockley
6. *Mother's Maiden Name*	Sarah Savage
7. *Mother's Birthplace*	Baltimore County
8. *Full Name of Father*	James Stockley
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jones
Address	No 67 Welcome Alley
Remarks	

28538

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) A Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 22nd of December 1878

4. Place of Birth (Street and Number) Monument st

5. Full Name of Mother Esabela Homan

6. Mother's Maiden Name Esabela Newkom

7. Mother's Birthplace Germany

8. Full Name of Father John Newkom

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel st

Address 11 North Chappel st p. p. Inv. Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex* (state whether *Male* or *Female*)	Female
2. *Race or Color* (if not of the white race)	Negro
3. *Date of Birth*	22 Lares Alley.
4. *Place of Birth* (Street and Number)	December 23d 78.
5. *Full Name of Mother*	Mary E Downs.
6. *Mother's Maiden Name*	Mary E Smith.
7. *Mother's Birthplace*	Balto City.
8. *Full Name of Father*	Blake Downs.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Dshd. L. Pennington M.D.
Address	98 N Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

285410

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 of December
4. *Place of Birth (Street and Number)* 259 Canton Av
5. *Full Name of Mother* Mary johnson
6. *Mother's Maiden Name* Mary Clockly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard johnson
9. *Father's Occupation* junk Buyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address Patterson Park Av No 12

Remarks Died on the 23 of December 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

RETURN OF A BIRTH.

285411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 22d of December 1878

4. Place of Birth (Street and Number) No 126 hanover st

5. Full Name of Mother Ellen owings

6. Mother's Maiden Name Ellen Carpinter

7. Mother's Birthplace Western Maserak

8. Full Name of Father Thomas Owings

9. Father's Occupation Cooper

10. Father's Birthplace Annerandal County

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Alus Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

285142

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 4 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	dezbr 22 1878
4. Place of Birth (Street and Number)	42 E. Bittel str.
5. Full Name of Mother	Margret Boecker
6. Mother's Maiden Name	M. Langhank
7. Mother's Birthplace	Baltimor Co.
8. Full Name of Father	Peter Boecker
9. Father's Occupation	Bierbrauer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 n. Bondstr.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28543

HEALTH DEPARTMENT DEC 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		2
1. Sex (state whether Male or Female)		Female
2. Race or Color (if not of the white race)		White
3. Date of Birth		22 Dec
4. Place of Birth (Street and Number)	N	182 Stirling St
5. Full Name of Mother		Maria A Lynch
6. Mother's Maiden Name		O Donnell
7. Mother's Birthplace		County Mco Ireland
8. Full Name of Father		Daniel Lynch
9. Father's Occupation		Stone Cutter Polisher
10. Father's Birthplace		County Mco Ireland
Name of Medical Attendant, or other Person who makes this Return.		Ursula J Chrimmen
Address		No 7 Forest Place
Remarks		

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28544

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec. 22d.
4. Place of Birth (Street and Number)	Haubert st. 212.
5. Full Name of Mother	Anna May.
6. Mother's Maiden Name	Anne Margret.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Tomas May.
9. Father's Occupation	Schoemaker,
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm Eatel.
Address	Healthy.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

285345

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 23rd 1878
4. *Place of Birth (Street and Number)* No 51 N Bond Street
5. *Full Name of Mother* Clara Speights
6. *Mother's Maiden Name* Clara Walters
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas J Speights
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 126 N Wolfe St

Remarks

28546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 December 1878
4. *Place of Birth (Street and Number)* 6 Broad Alley
5. *Full Name of Mother* Minie Abraham
6. *Mother's Maiden Name* Stern
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Nathan Abraham
9. *Father's Occupation* Pedling
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28547

HEALTH DEPARTMENT
DEC 14 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 December 1878
4. *Place of Birth (Street and Number)* 20 Jackson St
5. *Full Name of Mother* Cathrina Clifford
6. *Mother's Maiden Name* Fitzman
7. *Mother's Birthplace* U S
8. *Full Name of Father* Thomas Clifford
9. *Father's Occupation* Soda Water Manufr
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Fan Casper

Address 82 E Lombard St

Remarks

RETURN OF A BIRTH.

285115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 December
4. *Place of Birth (Street and Number)* 252 Hanover Street
5. *Full Name of Mother* Christiana Weis
6. *Mother's Maiden Name* Schultz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Keis
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Henry Krol

Address 328 South Eutaw St.

Remarks

28549

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5c 1
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 23 1875
4. Place of Birth (Street and Number)	Ramsy st No 289 Baltimore
5. Full Name of Mother	Mary E Wood
6. Mother's Maiden Name	Mary Morton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H Wood
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore B O M S
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Trautwein
Address	293 Ramsy st Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28330

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 31 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 23. 1878
4. Place of Birth (Street and Number)	336 East. Av.
5. Full Name of Mother	Emelia Vogel
6. Mother's Maiden Name	" Lehman
7. Mother's Birthplace	Balto.
8. Full Name of Father	Jno. Vogel
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. W. Mansfield
Address	117 S. Broadway
Remarks	

28551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 28 of December 1878
4. *Place of Birth (Street and Number)* No 58, Fort Avenue
5. *Full Name of Mother* Agnays Flory
6. *Mother's Maiden Name* Agneys Roberts
7. *Mother's Birthplace* Sorrelerikshark v. a. Wort
8. *Full Name of Father* John Flory
9. *Father's Occupation* Laiburer
10. *Father's Birthplace* Engeland

Name of Medical Attendant, or other Person who makes this return Sabena Grishaber

Address No 128 West St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28552

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 23rd 1878

4. Place of Birth (Street and Number) No 245 S. Eutaw St

5. Full Name of Mother Adeline Burwell

6. Mother's Maiden Name Adeline Maxwell

7. Mother's Birthplace King William Co. Va

8. Full Name of Father William Burwell

9. Father's Occupation Steward

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28533

HEALTH DEPARTMENT
DEC 27 18
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 23
4. *Place of Birth (Street and Number)* E Cross St
5. *Full Name of Mother* Mary ~~Dav~~ Kane
6. *Mother's Maiden Name* Mary Davis
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Thomas Kane
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28554

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Dec 4th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 23d 1878.
4. *Place of Birth (Street and Number)* 171 Durham Street.
5. *Full Name of Mother* Lotie Jones
6. *Mother's Maiden Name* Lotie Eisner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Jones.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28555

HEALTH DEPARTMENT
DEC 26 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) color
3. Date of Birth dec the 27
4. Place of Birth (Street and Number) Biddel alley no 70
5. Full Name of Mother Lewiser Banner
6. Mother's Maiden Name Lewiser Wilkerson
7. Mother's Birthplace Wesriver
8. Full Name of Father horres Banner
9. Father's Occupation Carperinter
10. Father's Birthplace annerone conty

Name of Medical Attendant, or other Person who makes this Return. Lucinder Conish mid Wife

Address no 48 Biddel alley

Remarks Born With Breth on dide in on minet

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 23th.
4. *Place of Birth (Street and Number)* Bank street 216
5. *Full Name of Mother* Mrs. Barbara Waz
6. *Mother's Maiden Name* Miss Barbara Staul
7. *Mother's Birthplace* York Pensylvania
8. *Full Name of Father* Frederick Waz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Fair haven Conn.

Name of Medical Attendant, or other Person who makes this Return. Dr Wiley

Address No 12 Patterson Park Ave

Remarks

28557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 28 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 23rd 1878
4. *Place of Birth (Street and Number)* No 175 S. Charles st
5. *Full Name of Mother* Agnes Claussen.
6. *Mother's Maiden Name* Beck
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Wilhelm Claussen
9. *Father's Occupation* Book keeper
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Date 28538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

Name: Laura Genevieve Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~1st~~ 3d.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec 24. 1878.
4. Place of Birth (Street and Number)	220 Constitution Av.,
5. Full Name of Mother	Laura Matilda Ward
6. Mother's Maiden Name	" " McKnew.
7. Mother's Birthplace	Prince George Co. Md.
8. Full Name of Father	Granville Dorsey Ward
9. Father's Occupation	Telegrapher.
10. Father's Birthplace	Frederick Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan.
Address	195 Saratoga St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) S

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 24 December
4. *Place of Birth (Street and Number)* 6 Salzbury St
5. *Full Name of Mother* Lizie Scherwood
6. *Mother's Maiden Name* Hesses
7. *Mother's Birthplace* U S
8. *Full Name of Father* Charles Scherwood
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 526 Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

28561

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, [illegible] &c.) ...

1. *Sex (state whether Male or [illegible])* ...
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 24/78
4. *Place of Birth (Street and Number)* [illegible] 794 W Baltimore
5. *Full Name of Mother* Sara A. Carr
6. *Mother's Maiden Name* " " Bast
7. *Mother's Birthplace* " Baltimore
8. *Full Name of Father* Andrew Ross Carr
9. *Father's Occupation* Machinist "
10. *Father's Birthplace* Baltimore "

Name of Medical Attendant, or other Person who makes this Return. H. L. Thurston M.D.

Address 379 W. Lombard St.

Remarks

28561

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	3 Mail 1 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 24 1878
4. Place of Birth (Street and Number)	Ramsey st 334 Baltimore
5. Full Name of Mother	Charlottie ~~[illegible]~~ Stievering
6. Mother's Maiden Name	Charlottie Tikener
7. Mother's Birthplace	Germany
8. Full Name of Father	Thenry Stievings
9. Father's Occupation	Porter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Freeburger
Address	No 293 Ramsey st Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28562

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	december 24th
4. *Place of Birth (Street and Number)*	no 97 church st
5. *Full Name of Mother*	rebecca jane brown
6. *Mother's Maiden Name*	rebecca jane brown
7. *Mother's Birthplace*	colbert county
8. *Full Name of Father*	john anderson
9. *Father's Occupation*	labour
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 patapsco avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 24th 1878
4. *Place of Birth (Street and Number)* 26 Sarah Ann St
5. *Full Name of Mother* Catherine Boy
6. *Mother's Maiden Name* " Pollack
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William Boy
9. *Father's Occupation* Currier
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Mid)

Address 220 Kreaton St

Remarks ——

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

285614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 24 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 24th 1878
4. Place of Birth (Street and Number)	234 Light St
5. Full Name of Mother	Laura Cromwell
6. Mother's Maiden Name	Laura A Brown
7. Mother's Birthplace	Md
8. Full Name of Father	George Cromwell
9. Father's Occupation	Confectioner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	16 B, Noble, Md
Address	
Remarks	

28565

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Dec. 24th, 1878
4. *Place of Birth (Street and Number)* No. 65 Portland Street.
5. *Full Name of Mother* Mrs. M. T. Sullivan.
6. *Mother's Maiden Name* Mary Teresa Schreiber.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Daniel Sullivan
9. *Father's Occupation* Huckster.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 24 1878
4. Place of Birth (Street and Number)	46 Hill St.
5. Full Name of Mother	Catharine Vandiford
6. Mother's Maiden Name	Catharine Harfield
7. Mother's Birthplace	Md.
8. Full Name of Father	J. A. B. Vandiford
9. Father's Occupation	Photographer
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stolle, M.D.
Address	
Remarks	

28567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* Dec 24 th 1878
4. *Place of Birth (Street and Number)* 314 Sharp st
5. *Full Name of Mother* Marie Louis
6. *Mother's Maiden Name* Strelnin
7. *Mother's Birthplace* Germaney.
8. *Full Name of Father* Theodor Louis
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 24 of December 1878
4. *Place of Birth (Street and Number)* No. 6 Hals Ally
5. *Full Name of Mother* Anie Mec: Namee
6. *Mother's Maiden Name* Anie Comings
7. *Mother's Birthplace* Irland Moth County
8. *Full Name of Father* James Mec: namee
9. *Father's Occupation* Laiborear
10. *Father's Birthplace* Irland Moth County

Name of Medical Attendant, or other Person who makes this return Sabena Grishaber

Address No 128 West St. Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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28369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth December 24th
4. Place of Birth (Street and Number) Baltimore No 55 Lombard st
5. Full Name of Mother Mandy Weaver
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Ell Smith
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 355 Cross Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 twins

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 24th 1878
4. *Place of Birth (Street and Number)* No 76 Rose Street Canton
5. *Full Name of Mother* Mary Dorne
6. *Mother's Maiden Name* Mary Behrer
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Dorne
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester Street Baltimore

Remarks Healthy Children

28571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 24th 1878

4. Place of Birth (Street and Number) No. 39 S. Ann St.

5. Full Name of Mother Ida Ann Webster

6. Mother's Maiden Name Ida Ann Beatley

7. Mother's Birthplace Baltimore City

8. Full Name of Father The Late Harry Keener Webster

9. Father's Occupation —

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address Wo. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 24/78
4. Place of Birth (Street and Number)	141 S. Eden St.
5. Full Name of Mother	Priscilla McClellan
6. Mother's Maiden Name	" Ayres
7. Mother's Birthplace	Balto. city
8. Full Name of Father	John McClellan
9. Father's Occupation	Fireman
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	S. R. Williamsfield
Address	117 S. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11 28573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Baltimore 1878

HEALTH DEPARTMENT REC'D DEC 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 & 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 24th 1878.
4. *Place of Birth (Street and Number)* 372 Canton Ave.
5. *Full Name of Mother* Barbara Kerner
6. *Mother's Maiden Name* Barbara Dering.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Kerner
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ament

Address 132 South Wolfe St.

Remarks —

28574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colled Charles
3. Date of Birth	210 Hugues street between light
4. Place of Birth (Street and Number)	December 24. 1878
5. Full Name of Mother	Anna Steward
6. Mother's Maiden Name	Anna Taylor
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Jermiah Taylor
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Midwife
Address	Arminta Wilson
Remarks	No. 10 Vickets court between light on Charles St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28575
28576

HEALTH DEPT. DEC 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth & Sixth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* December 24th 1878

4. *Place of Birth (Street and Number)* No. 7. Dover St.

5. *Full Name of Mother* Mary Verdiani

6. *Mother's Maiden Name* Mary Angelera

7. *Mother's Birthplace* Corsica. France

8. *Full Name of Father* Louis Verdiani

9. *Father's Occupation* Liquor & Confectionary

10. *Father's Birthplace* Rome. Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebeger

Address No 23 N. Liberty

Remarks Twins

28577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth Child

1. Sex (state whether Male or Female) A Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 24 of December 1878

4. Place of Birth (Street and Number) 366 Orleans st

5. Full Name of Mother Anna Haas

6. Mother's Maiden Name Anna Stern

7. Mother's Birthplace Germany

8. Full Name of Father Paul Stern

9. Father's Occupation Sigar maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel st Jno Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) A Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 24th of December 1878

4. Place of Birth (Street and Number) 63 Nor South Castle st

5. Full Name of Mother Lizzie Geob

6. Mother's Maiden Name L Single Girl

7. Mother's Birthplace Baltimore

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel st p John Kunkel

Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28579

HEALTH DEPARTMENT DEC 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24th December 1878
4. *Place of Birth (Street and Number)* 423 Eastern Ave
5. *Full Name of Mother* Catharn Tyler
6. *Mother's Maiden Name* Catharn Webster
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Albert Tyler
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Ave

Remarks

28580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth Dec 24
4. Place of Birth (Street and Number) 16 Edward st
5. Full Name of Mother mary Hamilton
6. Mother's Maiden Name mary sheap
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Hamilton
9. Father's Occupation porter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 33 short

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 December 1878
4. *Place of Birth (Street and Number)* 51 Biddle alley
5. *Full Name of Mother* Wina Heckler
6. *Mother's Maiden Name* " Reuen
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Max Heckler
9. *Father's Occupation* Bricklr
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelking

Address 14 Union st

Remarks

28582

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th December 1878
4. *Place of Birth (Street and Number)* 212 Preston st
5. *Full Name of Mother* Margaretta Will
6. *Mother's Maiden Name* " Voght
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Will
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1878 28583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 28 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 24 th 1878
4. *Place of Birth (Street and Number)* No 391 E. Charles st
5. *Full Name of Mother* Sarah Muhly
6. *Mother's Maiden Name* Bauers
7. *Mother's Birthplace* America
8. *Full Name of Father* Bristian Muhly
9. *Father's Occupation* Baker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schnaasur midwife

Address 330 Hanover st

Remarks

28584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child Ballo M

1. *Sex (state whether Male or Female)* Kristina McGrath female
2. *Race or Color (if not of the white race)* white race
3. *Date of Birth* 25th december
4. *Place of Birth (Street and Number)* cor sharp & stockholm st. Md
5. *Full Name of Mother* Mary McGrath
6. *Mother's Maiden Name* Mary Brennan
7. *Mother's Birthplace* counte carlo irland
8. *Full Name of Father* Micheal McGrath
9. *Father's Occupation* tobaco pipe makir
10. *Father's Birthplace* county arma irland

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 25, 1878.
4. *Place of Birth (Street and Number)* N. Dallas St. No 22.
5. *Full Name of Mother* Kunigunda Kohl.
6. *Mother's Maiden Name* Kunigunda Fuller
7. *Mother's Birthplace* Altenstadt, N. Baiern. Germany
8. *Full Name of Father* Andreas Kohl.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Feran. N. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

28586

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child Mother Julia Dennis

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* 25 December
4. *Place of Birth* (Street and Number) N.E. Caldra Street No 44
5. *Full Name of Mother* Julia Ann Dennis
6. *Mother's Maiden Name* Julia Ann Gilligan
7. *Mother's Birthplace* Dallas St Between Pratt and Gough
8. *Full Name of Father* William R Dennis
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Dallas St Between Pratt and Gough

Name of Medical Attendant, or other Person who makes this Return. Henrella Flasco

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th December 1878.
4. *Place of Birth (Street and Number)* No. 32 E. Lombard str.
5. *Full Name of Mother* Johanna Schlesinger
6. *Mother's Maiden Name* " Brockman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Schlesinger
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein.

Address No. 113 E. Lombard str.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28588

HEALTH DEPARTMENT
DEC 31
1878
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 the
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 25 the 1878
4. Place of Birth (Street and Number)	No. 99 Poppelton st.
5. Full Name of Mother	Nelly Bremer
6. Mother's Maiden Name	Nelly von Clave
7. Mother's Birthplace	Holland
8. Full Name of Father	Peter Bremer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Schlifer
Address	No. 33. S. Howard street
Remarks	

28589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	25th of December
4. *Place of Birth (Street and Number)*	48 Seymour ave
5. *Full Name of Mother*	Harriet Pratt
6. *Mother's Maiden Name*	" Jones
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Pleasant Pratt
9. *Father's Occupation*	Car inspector
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

...accoucheur, midwife, or other person in charge, who shall attend, assist or ...ny child, within the City of Baltimore, shall report to the registrar aforesaid, within six days ...reafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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advise ...

RETURN OF A BIRTH.

28590

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 25th
4. *Place of Birth (Street and Number)* 129 Eadenhall St
5. *Full Name of Mother* Maggie Strutman
6. *Mother's Maiden Name* Kraemer
7. *Mother's Birthplace* Balto
8. *Full Name of Father* George Strutman
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mary Wade

Address 328 South Esther St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 Dec. 1878
4. Place of Birth (Street and Number)	280 Light St
5. Full Name of Mother	Macreta Whitebarge
6. Mother's Maiden Name	Macreta Lehmet
7. Mother's Birthplace	Germany
8. Full Name of Father	John Whitebarge
9. Father's Occupation	Barber Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Magruder
Address	
Remarks	Russell St No 70

28592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Chile

1. Sex (state whether Male or Female) Female Chile
2. Race or Color (if not of the white race) Collard
3. Date of Birth 25 of Dece 1878
4. Place of Birth (Street and Number) 21 Winters St Balto M. D.
5. Full Name of Mother Henericata Cathrin Jackson
6. Mother's Maiden Name Henericata Cathrin Jones
7. Mother's Birthplace Nana coke point Swansea County (M. D
8. Full Name of Father ~~[illegible]~~ isd Jackson
9. Father's Occupation Sailing on A Frait Boat
10. Father's Birthplace land Caster County Va.

Name of Medical Attendant, or other Person who makes this Return. Nead No. Mexican

Address Nancy Lagin M. 20. Winters St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28593

RETURN OF A BIRTH.

HEALTH DEPARTMENT
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th Dec
4. Place of Birth (Street and Number)	No 4 Clarks Row near Monument St.
5. Full Name of Mother	Maria Clark
6. Mother's Maiden Name	Skipper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Clark
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Arnold T. Thomas M.D.
Address	No 7 Garrett Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

285911

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 25th 1878
4. Place of Birth (Street and Number)	Park Avenue No. 70
5. Full Name of Mother	Friederiche Magdalina Schlesinger
6. Mother's Maiden Name	" " Schroeffer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Peter Schlesinger
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Reis
Address	26 N. Frederik Street
Remarks	

RETURN OF A BIRTH.

28595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth December 25th 1878
4. Place of Birth (Street and Number) N 45 Mount Vernon Place
5. Full Name of Mother Henrietta S. Ridgely
6. Mother's Maiden Name Henrietta S. Thomas
7. Mother's Birthplace Baltimore
8. Full Name of Father Otho E. Ridgely
9. Father's Occupation Clerk.
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. F. Chatary M.D.

Address N 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 23rd 1878
4. *Place of Birth (Street and Number)* 17 Carrollton ave
5. *Full Name of Mother* Georgiana V Disney
6. *Mother's Maiden Name* Georgiana V Goodrich
7. *Mother's Birthplace* St Marys County
8. *Full Name of Father* Joseph A Disney
9. *Father's Occupation* Hucksters
10. *Father's Birthplace* A A County Md

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address

Remarks Ama Dumler 60 Schroeder

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28597

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 25th 1878
4. *Place of Birth (Street and Number)*	Chapel St near Canton Ave.
5. *Full Name of Mother*	Mary Rutter Minkey
6. *Mother's Maiden Name*	Mary Rutter
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Mr Minkey
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms
Address	[illegible]
Remarks	

28598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Color.
3. Date of Birth December. the. 25. 18. 78.
4. Place of Birth (Street and Number) Camel Alley. 51
5. Full Name of Mother Lee Johnson.
6. Mother's Maiden Name Lee Johnson.
7. Mother's Birthplace ~~[illegible]~~ Baltimore M. d.
8. Full Name of Father Robert. Johnson.
9. Father's Occupation Hauseler.
10. Father's Birthplace Baltimore M. d.

Name of Medical Attendant, or other Person who makes this Return. Mr. Morgan E Chem

Address 20. 44 Tyson St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28599

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 December
4. *Place of Birth (Street and Number)* 66 Granby
5. *Full Name of Mother* Annie ~~Emilie~~ La Baunde
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Garming
8. *Full Name of Father* Peter La Baude
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Garming

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 78 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 29th 1878
4. *Place of Birth (Street and Number)*	74 Johnson St.
5. *Full Name of Mother*	Agnes E. Hubbard
6. *Mother's Maiden Name*	Agnes E. Lewis
7. *Mother's Birthplace*	Dorchester Co. Md
8. *Full Name of Father*	Lewis D. Hubbard
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Dorchester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

28601

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 25th 1878.
4. *Place of Birth (Street and Number)* 239 Gough Stret.
5. *Full Name of Mother* Maggie Broom.
6. *Mother's Maiden Name* Maggie Kreiter
7. *Mother's Birthplace* America.
8. *Full Name of Father* Martin Broom
9. *Father's Occupation* Ironworks.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe st

Remarks Off

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Dec. 25th 1878.
4. Place of Birth (Street and Number)	459 E. Eager St
5. Full Name of Mother	Ella
6. Mother's Maiden Name	Richardson
7. Mother's Birthplace	City
8. Full Name of Father	Wm. L. Grafe
9. Father's Occupation	Bacon Dealer
10. Father's Birthplace	City.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds
Address	186 Aisquith St
Remarks	

28603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d, forth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25 1878
4. Place of Birth (Street and Number)	No 47 German St Bethel Eulavi Howard St.
5. Full Name of Mother	Elizebeth Hoerechs.
6. Mother's Maiden Name	Elizebeth Meyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W F Hoerechs.
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Schlifer
Address	No 33 Howard St cor Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28611

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Dec 25th 1878.
4. *Place of Birth* (Street and Number)	No 36 N Bond St.
5. *Full Name of Mother*	Sarah E. Hunt
6. *Mother's Maiden Name*	" " Ireland
7. *Mother's Birthplace*	Balt
8. *Full Name of Father*	Wm Hunt
9. *Father's Occupation*	Blacksmith.
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Wm. Whitridge
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28605

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 78 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth.* 26th December 1878.
4. *Place of Birth (Street and Number)* Harrison st.
5. *Full Name of Mother* Ester Krolewich
6. *Mother's Maiden Name* " Chanfure
7. *Mother's Birthplace* Russia
8. *Full Name of Father* Philip Krolewich
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this return Mrs. G. Bernstein.

Address 113 E. Lombard str.

Remarks no Remarks.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. DEC 31 1878 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 26th 1878
4. Place of Birth (Street and Number)	348 E. Orleans Street
5. Full Name of Mother	Kate Taylor
6. Mother's Maiden Name	Kate Sunderland
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Edward C. Taylor
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Amanda Marine
Address	378 E. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	december 26
4. *Place of Birth (Street and Number)*	356 west St
5. *Full Name of Mother*	fannie barkley
6. *Mother's Maiden Name*	fannie cornish
7. *Mother's Birthplace*	colbert county
8. *Full Name of Father*	John barkley
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 parts convenience filthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28608

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the thired

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth December 26 1878
4. Place of Birth (Street and Number) No 318 Eastrean ave
5. Full Name of Mother Mary E McElvie
6. Mother's Maiden Name Mary E Bolas
7. Mother's Birthplace Baltimore
8. Full Name of Father William A McElvie
9. Father's Occupation Labour
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Bull

Address No 171 South Chester st.

Remarks

28609

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 26th 1878
4. *Place of Birth (Street and Number)* No 114 Myrtle Ave
5. *Full Name of Mother* Lavinia A. Tucker
6. *Mother's Maiden Name* Lavinia A. Nally
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Walter W. Tucker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address No 23 N. Liberty St

Remarks

28610

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE DEC 30 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 26th 78
4. Place of Birth (Street and Number)	375 William Street
5. Full Name of Mother	Mrs. Ellen Donavin
6. Mother's Maiden Name	Ellen Hay
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Donavin
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Conway
Address	
Remarks	

Revise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28611

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC
31
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* dec the 16:18.78
4. *Place of Birth (Street and Number)* dallas st No 76 Baltimore
5. *Full Name of Mother* Henrietter Stevenson
6. *Mother's Maiden Name* Henretter Gyfson
7. *Mother's Birthplace* Salsbury Wicomico Co md
8. *Full Name of Father* Gorge H Stevson
9. *Father's Occupation* Oysters Shucker
10. *Father's Birthplace* Northhampton Co va

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address No 130 Nor reybster st Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (~~If not of the~~ white race)

3. Date of Birth Dec 24th 1878

4. Place of Birth (Street and Number) 123 Hillen St

5. Full Name of Mother Annie Kehm

6. Mother's Maiden Name " Faulk

7. Mother's Birthplace Balto Co

8. Full Name of Father Christian Kehm

9. Father's Occupation Shoe maker

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. E. Hale Ruth Jr

Address 151 Asquith St.

Remarks

28613

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 26. of Dec. 1878.
4. *Place of Birth (Street and Number)* 168. Orleans St.
5. *Full Name of Mother* J. R. Tydings.
6. *Mother's Maiden Name* J. R. Wilson.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* J. T. Tydings.
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Annapolis Md.

Name of Medical Attendant, or other Person who makes this return Mary Walter.

Address 128 N. Carolina St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Dec, 26th/878.
4. Place of Birth (Street and Number) 166 German St
5. Full Name of Mother Elizabeth Syme
6. Mother's Maiden Name " Witzel
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Syme
9. Father's Occupation Sailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A Lloyd Sherzer M.D.

Address 11 S. High St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28615
28615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.
1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* dezeb. 26 1878
4. *Place of Birth (Street and Number)* 351 N. Gaystr
5. *Full Name of Mother* Emilie Garays
6. *Mother's Maiden Name* E. Schuk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Garays
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
Address 134 N. Bondstr
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28616

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ter Child

1. *Sex (state whether male ~~or female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 27th 1878.
4. *Place of Birth (Street and Number)* N. Spring St. No 17.
5. *Full Name of Mother* Catharina Müller
6. *Mother's Maiden Name* Katharina Werner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Müller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Oberbeen. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

28617

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* the 27 of Decem 1878
4. *Place of Birth (Street and Number)* No 82 East Pet
5. *Full Name of Mother*
6. *Mother's Maiden Name* Lowry Brown
7. *Mother's Birthplace* Fredic City
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Rosetty Williams

Address No 70 Chesnut Ste

Remarks Mother And Theles doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 27th
4. Place of Birth (Street and Number) Blumberg St. No. 17.
5. Full Name of Mother Fredricka Fralick
6. Mother's Maiden Name Hamberger.
7. Mother's Birthplace Balt. Md.
8. Full Name of Father William Fralick.
9. Father's Occupation Labor
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address No. 114 Battery Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race.
3. *Date of Birth*	27 of December 1878
4. *Place of Birth (Street and Number)*	No. 82 West St.
5. *Full Name of Mother*	Katie Hartmann
6. *Mother's Maiden Name*	Katie Wzaber
7. *Mother's Birthplace*	Baltimer
8. *Full Name of Father*	Bernard Hartmann
9. *Father's Occupation*	Laiborear
10. *Father's Birthplace*	Baltimer
Name of Medical Attendant, or other Person who makes this return	Sabene Grishaber
Address	No 128 West St. Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th December 1878
4. *Place of Birth (Street and Number)* Foot of Mill st
5. *Full Name of Mother* Amilia Knoop
6. *Mother's Maiden Name* Amilia Poke
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Knoop
9. *Father's Occupation* Tavern
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Caspar

Address 52 E. Lombard st

Remarks Died to day 29th December 1878 on weekness

Jacob Mueller No 21 Harrison St. today 3 O'clock Dec 30th

Baltimore County

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* December 27. 1878
4. *Place of Birth (Street and Number)* 24 dustan Alley Baltimore
5. *Full Name of Mother* Mary Marsha[illegible]
6. *Mother's Maiden Name* Shacket
7. *Mother's Birthplace* Port Posit
8. *Full Name of Father* George Marshall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Port Posit

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH.

28622

HEALTH DEPARTMENT
JAN 15
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 27th
4. *Place of Birth (Street and Number)* 101 N. Stricker St
5. *Full Name of Mother* Sarah Elizabeth Smith
6. *Mother's Maiden Name* S. E. Barker
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Francis Asbury Smith
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Winchester, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Deimler

Address 60 N. Schroeder St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28623

HEALTH DEPT. JAN 9 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 27th 1878
4. *Place of Birth (Street and Number)*	No 95 Battery Av
5. *Full Name of Mother*	Ellen Star
6. *Mother's Maiden Name*	Ellen Morgan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Henry Star
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st
Remarks	

RETURN OF A BIRTH.

28624

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	27 of December 1878
4. *Place of Birth (Street and Number)*	No. 18 Fremont San
5. *Full Name of Mother*	Allen Kath
6. *Mother's Maiden Name*	Allen Corner
7. *Mother's Birthplace*	Irland County Galloway
8. *Full Name of Father*	Lorenz Kath
9. *Father's Occupation*	Laiborer
10. *Father's Birthplace*	Irland County Galloway
Name of Medical Attendant, or other Person who makes this Return	Salena Grishaber
Address	128 West St Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28625

HEALTH DEPARTMENT
JAN 4 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 27th 1878.
4. *Place of Birth (Street and Number)* No 3 Druid Hill Ave.
5. *Full Name of Mother* Kate Hoberer
6. *Mother's Maiden Name* Kate Metz
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Louis Hoberer.
9. *Father's Occupation* Millinery
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena H. Meyer

Address No 182 E Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28626

HEALTH DEPARTMENT JAN 1918 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec 25th 1917
4. Place of Birth (Street and Number)	304 Baltimore Ave
5. Full Name of Mother	M. J. Lambdin.
6. Mother's Maiden Name	M. Johnson.
7. Mother's Birthplace	Balto.
8. Full Name of Father	Jos N. Lambdin.
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary G Simms
Address	# 171 N Washington Ave
Remarks	F. P.

RETURN OF A BIRTH.

28627

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 27 December
4. *Place of Birth* (Street and Number) 2 Forest Street
5. *Full Name of Mother* Josephine Roberts
6. *Mother's Maiden Name* +
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* +
9. *Father's Occupation* +
10. *Father's Birthplace* +

Name of Medical Attendant, or other Person who makes this Return. Emmit Jackson

Address 41 E Douglas Street

Remarks Emmit Jackson

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 27th 1878
4. Place of Birth (Street and Number)	431 Lenox Ave.
5. Full Name of Mother	Alice A. Christian
6. Mother's Maiden Name	Lawrence
7. Mother's Birthplace	Friendship Annie Arundel Co Md.
8. Full Name of Father	J.H. Christian
9. Father's Occupation	Physician
10. Father's Birthplace	King William Co. Virginia
Name of Medical Attendant, or other Person who makes this Return.	J.H. Christian M.D.
Address	431 Lenox Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28629

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 of December
4. *Place of Birth (Street and Number)* South Broadway 346
5. *Full Name of Mother* Rosalee Buck
6. *Mother's Maiden Name* Rosalee Robberson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Buck
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address No 12 Patterson Park Av

Remarks

28630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* December 28th
4. *Place of Birth (Street and Number)* Baltimore Wt 50 West st
5. *Full Name of Mother* Louise Raine
6. *Mother's Maiden Name* " " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Raine
9. *Father's Occupation* Oyster Sucker & Brickmaker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard.
3. Date of Birth December 28th
4. Place of Birth (Street and Number) Baltimore S No 8 King st
5. Full Name of Mother Sarah Surah
6. Mother's Maiden Name " Tomas. " "
7. Mother's Birthplace Calvert County
8. Full Name of Father Benuman Surah
9. Father's Occupation Laboring hand
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Anuline Wilson

Address 388 Cross st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

286321

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 28/1878
4. *Place of Birth (Street and Number)* 38 Cross st
5. *Full Name of Mother* M E Kensel
6. *Mother's Maiden Name* M E Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Kensel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28633

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE DEC 30 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 28th 1878
4. *Place of Birth (Street and Number)* No 2. E. Baltimore St
5. *Full Name of Mother* Sophia Louise Johnson
6. *Mother's Maiden Name* Sophia Louise Glintworth
7. *Mother's Birthplace* Philadelphia Pa.
8. *Full Name of Father* Richard Johnson
9. *Father's Occupation* Roofer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address No 23 N. Liberty St.

Remarks

RETURN OF A BIRTH.

281311

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d the third

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 of December
4. *Place of Birth (Street and Number)* Baltimore 16 N Schroeder
5. *Full Name of Mother* Bridget Loud
6. *Mother's Maiden Name* " Murphy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Micheal Loud
9. *Father's Occupation* Laboyer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Lander 60 S Exeter

Remarks

28635

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 28th 1878
4. *Place of Birth (Street and Number)* No. N. Centrel av.
5. *Full Name of Mother* Jinnie Miller
6. *Mother's Maiden Name* Jinnie Bode
7. *Mother's Birthplace* West Indiens.
8. *Full Name of Father* Henry Miller
9. *Father's Occupation* working in a coal yard.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address No. 185 S E cor. Centrel av. & Monument St.

Remarks Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 28 of decem 1878
4. *Place of Birth (Street and Number)* No 81 East Street
5. *Full Name of Mother* Louise Brown
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Fredi
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Routh William

Address No 70 Chesnut Street

Remarks Mark

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28637

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* dec 28
4. *Place of Birth (Street and Number)* No 12 East st
5. *Full Name of Mother* mary frances Harris
6. *Mother's Maiden Name* mary frances Jones
7. *Mother's Birthplace* mapp hill Md
8. *Full Name of Father* George H Harris
9. *Father's Occupation* porter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address no 32 short st

Remarks healthy child

28638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPT. JAN 2 1879 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2ter Child

1. *Sex* (*state whether male ~~or female~~*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* December the. 28. 1878.
4. *Place of Birth* (*Street and Number*) Mc Elderry St. No. 106.
5. *Full Name of Mother* Elisabetha Müller
6. *Mother's Maiden Name* Elisabetha Schönhals
7. *Mother's Birthplace* Wahlen. Gr. Hessen. Germany
8. *Full Name of Father* Andreas Müller
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Erlau. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	28 Dec
4. *Place of Birth (Street and Number)*	Front 90
5. *Full Name of Mother*	Mary Mitchel
6. *Mother's Maiden Name*	Smith
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Nicolas Mitchel
9. *Father's Occupation*	Dairy
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

28640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 28th 1878
4. Place of Birth (Street and Number)	232 Montgomery St.
5. Full Name of Mother	Martha E. Meerins
6. Mother's Maiden Name	Reynolds
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thos. V. Meerins
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hannon & Barnes
Remarks	

28641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child of

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th December 1878
4. *Place of Birth (Street and Number)* Baltimore Anton St [illegible]
5. *Full Name of Mother* Mrs [illegible]
6. *Mother's Maiden Name* Mrs Shema
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Mr Shema
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. M. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28642

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 of December 1878
4. *Place of Birth (Street and Number)* No. 149 Bathry Avenue
5. *Full Name of Mother* Jeny Waltrom
6. *Mother's Maiden Name* Jemy Philleron
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Waltrom
9. *Father's Occupation* Incheinear
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Sabina Grishaber

Address No. 128 West St Baltimore Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth december. the 28. 18. 78.
4. Place of Birth (Street and Number) ~~[illegible]~~ or 92
5. Full Name of Mother Emelia Bratee.
6. Mother's Maiden Name Emelia Barber.
7. Mother's Birthplace Patahs Co. Md
8. Full Name of Father John Barber
9. Father's Occupation Blotp Smith
10. Father's Birthplace unknown

Name of Medical Attendant, or other Person who makes this Return. Mr. Marg. E. Chen

Address 10. 94. Tyson St Baltimore. Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTH DEPARTMENT JAN 11 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Dec 28th 1878.

4. Place of Birth (Street and Number) # 168 S Durham Str.

5. Full Name of Mother M B. G. Henneberry.

6. Mother's Maiden Name M B. Gittinger.

7. Mother's Birthplace Balto

8. Full Name of Father John P. Henneberry.

9. Father's Occupation Can Maker

10. Father's Birthplace Balto. &

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address

Remarks # 171 S Washington Str

FP.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28645

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Decbr 28 1878
4. *Place of Birth (Street and Number)* Eutaw House
5. *Full Name of Mother* Ann Ward
6. *Mother's Maiden Name* Ann Sims
7. *Mother's Birthplace* Balto "
8. *Full Name of Father* Chs H Ward
9. *Father's Occupation* Hotel Keepr
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 23 Franklin "

Remarks

28646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* 28 December
3. *Date of Birth*
4. *Place of Birth (Street and Number)* No 208 Central Ave
5. *Full Name of Mother* Valentine Wies
6. *Mother's Maiden Name* Killmeyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Wies
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Garming

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 1070 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28647

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 28th 1878.
4. *Place of Birth (Street and Number)*	No 39. Bevan street.
5. *Full Name of Mother*	Philippine Maenner
6. *Mother's Maiden Name*	Braitsch
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Paul Maenner
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Muench
Address	No 98. Leadenhall street
Remarks	

28648

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dez. 29. 1878
4. *Place of Birth (Street and Number)* Olianstr No 345
5. *Full Name of Mother* Maria Reiter
6. *Mother's Maiden Name* Koehler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nikolaus Reiter
9. *Father's Occupation* Storpiper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28649

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 29th December 1878
4. Place of Birth (Street and Number) E Lombardstr 239
5. Full Name of Mother Shanganetha Schorr
6. Mother's Maiden Name " " Jäger
7. Mother's Birthplace Baltimore City
8. Full Name of Father Georg Schorr
9. Father's Occupation Baker
10. Father's Birthplace Ansbach Bavary

Name of Medical Attendant, or other Person who makes this Return. William Henkel M.D.

Address S. Wolfe St. 117.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Wife
3. *Date of Birth* Dec 29 1878
4. *Place of Birth (Street and Number)* Baltimore 32 Ohio Ave
5. *Full Name of Mother* Lizzie Cornish
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Emly Hughes

Address 298 Montgomery Street

Remarks

28651

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 2d th 1878
4. *Place of Birth (Street and Number)* No 57 1/2 Colebury St.
5. *Full Name of Mother* Katie Duffy
6. *Mother's Maiden Name* Lardent
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Richard Duffy
9. *Father's Occupation* working in Tobacco Warehouse
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Bull

Address No 185 S E. cor. Central av. & Monument st.

Remarks All Well.

RETURN OF A BIRTH.

28652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 of December 1878
4. *Place of Birth (Street and Number)* 41 essex
5. *Full Name of Mother* Cathrinie Weber
6. *Mother's Maiden Name* Cathrinie Meier
7. *Mother's Birthplace* hanover kingdon
8. *Full Name of Father* joseph Weber
9. *Father's Occupation* Labora
10. *Father's Birthplace* Wintemberg kingdon

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

RETURN OF A BIRTH.

28653

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 31 1878
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 29 " 1878
4. Place of Birth (Street and Number) No 204 Cooks Street, Locust Point Baltimore
5. Full Name of Mother Sofe Brehm
6. Mother's Maiden Name Sofe Slert
7. Mother's Birthplace Baltimore . Md
8. Full Name of Father Michael Slert
9. Father's Occupation Laber
10. Father's Birthplace Baltimore . Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Erle.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

286574

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 29th 1878
4. Place of Birth (Street and Number)	107 Leadenhall St
5. Full Name of Mother	Susan A Keefe
6. Mother's Maiden Name	Susan M. Trimble
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John F. Keefe
9. Father's Occupation	Boiler maker
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Sheldon Cooke M.D.
Address	
Remarks	

28655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 29th 1878
4. *Place of Birth (Street and Number)* 11 Washington St
5. *Full Name of Mother* Mary James
6. *Mother's Maiden Name* Mary Lourins
7. *Mother's Birthplace* America
8. *Full Name of Father* Frank James
9. *Father's Occupation* Cooper
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 131 South Wolfe Street

Remarks Hd

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 29th. 1878.
4. Place of Birth (Street and Number) 18 Castle Street
5. Full Name of Mother Lizzie Schrön
6. Mother's Maiden Name Lizzie Wagner
7. Mother's Birthplace Germany.
8. Full Name of Father George Schrön
9. Father's Occupation Schoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 137 South Wolfe St

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28657

HEALTH DEPARTMENT
JAN
2
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 Dec
4. Place of Birth (Street and Number)	329 Harford Ave
5. Full Name of Mother	Rebecca A Roeder
6. Mother's Maiden Name	Hoyes
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Roeder
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Ghrimes
Address	No 7 Forest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* M
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* 29 June 1879
4. *Place of Birth (Street and Number)* Baltimore
5. *Full Name of Mother* Augustina
6. *Mother's Maiden Name* Berg
7. *Mother's Birthplace* Prus
8. *Full Name of Father* Rose
9. *Father's Occupation* Lab
10. *Father's Birthplace* Bal

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28659

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 December
4. *Place of Birth (Street and Number)* West Baltimore 685
5. *Full Name of Mother* Frances Horn
6. *Mother's Maiden Name* Frances Fisler
7. *Mother's Birthplace* Switzerland
8. *Full Name of Father* George Horn
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Hoperdomstadt

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No. 45 Monroe.

Remarks

28660

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decbr. 29. 1878.
4. Place of Birth (Street and Number)	Fountain Str
5. Full Name of Mother	M. A. H. Leistner
6. Mother's Maiden Name	M. A Hentzel
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo Leistner
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Sims.
Address	#171 E Washington Str.
Remarks	F.P

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28661

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* dec 24
4. *Place of Birth (Street and Number)* 16 Jefferson st
5. *Full Name of Mother* Idda Reapes
6. *Mother's Maiden Name* Idda Nolan
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* ~~Jacob~~ Jaccab Reapes
9. *Father's Occupation* cook
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Jatterson

Address no 32 short st

Remarks healthy child

28662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decr. 30. 1878.
4. Place of Birth (Street and Number)	268½ Franklin St.
5. Full Name of Mother	Mary M. Young.
6. Mother's Maiden Name	Mary M. McCay.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	C. Wesley Young
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jas. F. Powell M.D.
Address	227 Carrollton Ave.
Remarks	Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	Colored
Date of Birth	30th December
Place of Birth (Street and Number)	No 8 Plum Alley
Full Name of Mother	Mary Elizabeth Harmon
Mother's Maiden Name	
Mother's Birthplace	Baltimore
Full Name of Father	Jessey Anderson
Father's Occupation	Wagoner
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this return	Caroline Moor
Address	Hughes stee- 170
Remarks	

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28664
28665

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.) Same Miller

Sex (state whether Male or Female) Two Males

Race or Color (if not of the white race) ~~white~~ Color

Date of Birth Thursday about half past Ten

Place of Birth (Street and Number) Rope Walk avenue No 4

Full Name of Mother Leara Fower

Mother's Maiden Name Leara Younge

Mother's Birthplace Kent island

Full Name of Father Josh Fower

Father's Occupation Oyster Shucker

Father's Birthplace Baltimore m d

Name of Medical Attendant, or other Person who makes this Return. Nancy Logey for is sickle

Address is need No Medical able to bring Child

Remarks redress by nay logey bring Child is med

[illegible] Winter sts Pleas to gave me a permit to

28666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* December 30th. 1878
4. *Place of Birth (Street and Number)* No. 338 Durham St.
5. *Full Name of Mother* Jane Anderson
6. *Mother's Maiden Name* Jane Adams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samiel Anderson
9. *Father's Occupation* Oyster Schucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No 185 S. E. cor. of Centrel av. cor. Monument

Remarks All Well.

The any physician, accoucheu[illegible] ther person in charge, who shall [illegible]nd, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1898 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 30th 1898
4. Place of Birth (Street and Number)	No 571 Hanover st
5. Full Name of Mother	Rachel A Sparrow
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	Phila Pa
8. Full Name of Father	John K Sparrow
9. Father's Occupation	Trunk Maker
10. Father's Birthplace	Hagerstown Md
Name of Medical Attendant, or other Person who makes this Return.	Charlotte A Lewis
Address	162 Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 30 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* December 20th 1878
4. *Place of Birth (Street and Number)* Maternite Hospital 168 W. Lombard
5. *Full Name of Mother* Mary Burkhardt
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Physician

Address Maternite Hospital - 168 W. Lombard St

Remarks The mother is an inbecile - child died 20 minutes after birth from asthenia.

28669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 Dec
4. Place of Birth (Street and Number)	78 Harford Ave
5. Full Name of Mother	Mary Ann Tracy
6. Mother's Maiden Name	Mary Ann Quinn
7. Mother's Birthplace	Liverpool Ireland
8. Full Name of Father	John Tracy
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Boston
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chinnie
Address	No 7 Forrest Place
Remarks	Live 8 Hours

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE, MD.

1/51

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 December
4. *Place of Birth (Street and Number)* 91 Hillmark
5. *Full Name of Mother* Margret V Smith
6. *Mother's Maiden Name* Margret V Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Smith
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Fleming

Address 95 Hillmark St

Remarks Baltimore

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 30th 78.
4. Place of Birth (Street and Number)	196 E Monument st.
5. Full Name of Mother	Fannie Shelley.
6. Mother's Maiden Name	Fannie Kinnier.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	Samuel Shelley.
9. Father's Occupation	Stable Keeper
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	John S Pennington M D.
Address	98 N Greene st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
JAN
6
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	December 31
4. Place of Birth (Street and Number)	Baltimore near 33 Church st
5. Full Name of Mother	Mrs Sarah Brown
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	Henry Brown
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Miss Caroline Fisher
Address	No 9 Hanover East
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28673

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 30th
4. *Place of Birth (Street and Number)* 290 N. Gay St.
5. *Full Name of Mother* Mary Passagno
6. *Mother's Maiden Name* Mary Pizagno
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* Antonia John Passagno
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Genoa Italy

Name of Medical Attendant, or other Person who makes this Return. Wm J Hillegust

Address No 182 E Monument St.

Remarks

RETURN OF A BIRTH.

28674

HEALTH DEPARTMENT
JAN
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 30th - 1878
4. Place of Birth (Street and Number)	508 Calhoun St Baltimore
5. Full Name of Mother	Clara Louisa Sauerwein
6. Mother's Maiden Name	x x Burns
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George M. Sauerwein
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Schleifer 00 Howard St
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist o
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre
born, its or their physical condition, whether still born or not, the full name, nativity, and residence o
the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 4 1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 30 of December 1878
4. *Place of Birth (Street and Number)* No. 32 Reeth Alley
5. *Full Name of Mother* Martha Conovay
6. *Mother's Maiden Name* Martha Russell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Conovay
9. *Father's Occupation* Laiboriar
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Sabena Grishaber

Address No. 128 West St. Baltimore Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Fath

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* wite
3. *Date of Birth* 30 December
4. *Place of Birth (Street and Number)* Baltimore City Mangoyd St 1802
5. *Full Name of Mother* Fecand Smith
6. *Mother's Maiden Name* Fecand Shuver
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Eli Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace* State of Pennsylvania York Co

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

28677

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Dec 30 1878
4. *Place of Birth (Street and Number)* N° 3 Constitution "
5. *Full Name of Mother* Mary Riley
6. *Mother's Maiden Name* Mary Jane
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Bernard Riley
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin "

Remarks

28678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* dec 30
4. *Place of Birth (Street and Number)* elbow lane 115. Baltimore
5. *Full Name of Mother* Mandy ~~Johnson~~ butler.
6. *Mother's Maiden Name* Mandy Johnson
7. *Mother's Birthplace* anirally county
8. *Full Name of Father* Nickles butler
9. *Father's Occupation* grain. runner
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mary ann Lowry

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28679

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN 6 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30th of Dec. 1878.
4. *Place of Birth (Street and Number)*	124 Bond St.
5. *Full Name of Mother*	Mary Harrell
6. *Mother's Maiden Name*	Mary Young
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	William Harrell
9. *Father's Occupation*	Bricklayer by trade
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Mary Wilson
Address	125 N Caroline
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth December 31st
4. Place of Birth (Street and Number) Baltimore Md Stockton st
5. Full Name of Mother Louisa Jones
6. Mother's Maiden Name " White
7. Mother's Birthplace Anuranal County
8. Full Name of Father Charlie Jones
9. Father's Occupation Laboring Hand on Boat
10. Father's Birthplace Anuranal County

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address 388 Cross street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28681

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Dec 31st 1878
4. *Place of Birth* (Street and Number)	127 Franklin St
5. *Full Name of Mother*	Mary Ann Reilly
6. *Mother's Maiden Name*	Daily
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Patrick Reilly
9. *Father's Occupation*	Liquor Dealer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	W. D. Booker
Address	152 W madison St
Remarks	

28682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 31st 1878. 8 25 A.M.
4. *Place of Birth (Street and Number)* Jackson Square
5. *Full Name of Mother* Jennie Roberta McLee.
6. *Mother's Maiden Name* Jennie Roberta Bowdles
7. *Mother's Birthplace* Oxford Md.
8. *Full Name of Father* James Hurker McLee
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Dunville M.D.

Address 299 E Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28683

HEALTH DEPARTMENT 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Dec. 31st 1878
4. Place of Birth (Street and Number)	436 E. Balt. St.
5. Full Name of Mother	Mary Seltzer
6. Mother's Maiden Name	Mary Woolford
7. Mother's Birthplace	Dorchester Co. Md.
8. Full Name of Father	Adam Seltzer
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto-city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

28681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31st December 1878
4. *Place of Birth (Street and Number)* 42 Bennett st Canton
5. *Full Name of Mother* Mrs Maggie Lemke
6. *Mother's Maiden Name* Maggie Zimmermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Rudolph Lemke
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 42 Patterson Park Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

28685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7
1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 31st December 1878.
4. *Place of Birth (Street and Number)* Belair Road.
5. *Full Name of Mother* Louisa Nelson.
6. *Mother's Maiden Name* " Sanguinan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Nelson.
9. *Father's Occupation* Horse raiser.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstine.

Address No 113 E. Fayette st.

Remarks no Remarks.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25686

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
2
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the. 31, 1878.
4. *Place of Birth (Street and Number)* Harriet S. No. 59.
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* Mary Horst
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Louis Miller
9. *Father's Occupation* Turner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26,

Remarks child born

28687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 31 December
4. *Place of Birth (Street and Number)* 94 Washington St
5. *Full Name of Mother* Wilhelmina Gram
6. *Mother's Maiden Name* Egren
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Gram
9. *Father's Occupation* Hopper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 32 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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21688

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN 2 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 31 December 1878

4. *Place of Birth (Street and Number)* 10 Exeter St

5. *Full Name of Mother* Lizzi Bills

6. *Mother's Maiden Name* Thurn

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Dan Bills

9. *Father's Occupation* Cigar Dealer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Cooper

Address 82 E Fayette St

Remarks

28689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 31 December
4. *Place of Birth (Street and Number)* 114 Hardford Ave
5. *Full Name of Mother* Katharina Deningen
6. *Mother's Maiden Name* Hille
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Deningen
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 31st of December 1878

4. Place of Birth (Street and Number) 382 East Fayette st

5. Full Name of Mother Kate Hamburger

6. Mother's Maiden Name Kate Henison

7. Mother's Birthplace Baltimore

8. Full Name of Father Jno Henison

9. Father's Occupation Sailor

10. Father's Birthplace Denmark

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 44 North Chappel st Jn Jno Kunkel

Remarks Head Dehead

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) One (1st)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White Race

3. Date of Birth Dec 31. 1878 11 o'clock

4. Place of Birth (Street and Number) 78 Park st

5. Full Name of Mother Elizabeth Smith

6. Mother's Maiden Name Miller

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert. S. Smith

9. Father's Occupation Musician

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Caroline Miller

Address No. 5. Walker St.

Remarks All in good Health.

RETURN OF A BIRTH. 28692

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec 31st 1878

4. Place of Birth (Street and Number) 271 Eastern Ave

5. Full Name of Mother Julia Kunkel

6. Mother's Maiden Name " Bruhas

7. Mother's Birthplace City

8. Full Name of Father George L. Kunkel

9. Father's Occupation Segar Maker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth

Address 245 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 31st 1878
4. *Place of Birth (Street and Number)* 255 Eastern Ave
5. *Full Name of Mother* Lina Esslinger
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Md
8. *Full Name of Father* Robert Esslinger
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bachman

Address 245 Canton Ave

Remarks Mrs Elizabeth Bachman of 120 Bank St has changed her name and residence (by marriage)

RETURN OF A BIRTH.

2864 11

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	31st of December.
4. Place of Birth (Street and Number)	76 Boyd Street
5. Full Name of Mother	Mary Clark
6. Mother's Maiden Name	Mary Bonner
7. Mother's Birthplace	Ireland
8. Full Name of Father	Francis Clark
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner.
Address	43 Monroe Street.
Remarks	

RETURN OF A BIRTH.

28695

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	31. December 1878
4. *Place of Birth (Street and Number)*	251 S Howard. S.t.
5. *Full Name of Mother*	Caroline Becker
6. *Mother's Maiden Name*	Car: Rischar
7. *Mother's Birthplace*	Burg Preussen
8. *Full Name of Father*	August Becker
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace*	Herstelle Preussen
Name of Medical Attendant, or other Person who makes this Return.	Kate Meünch
Address	95 Lexington S.t.
Remarks	

D 8696

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Decbr. 31 1878
4. Place of Birth (Street and Number)	172 Chestnut Str.
5. Full Name of Mother	Marie Schuntag
6. Mother's Maiden Name	Ma Herrmann
7. Mother's Birthplace	German
8. Full Name of Father	Friedrig Schuntag
9. Father's Occupation	Fisherman
10. Father's Birthplace	German
Name of Medical Attendant, or other Person who makes this Return	Marie L. Rudiger
Address	134 Bond Str.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord Race
3. Date of Birth January the 17 1879 ~~at Eddy St Baltimore~~
4. Place of Birth (Street and Number) 615 mc Eddy St Baltimore md
5. Full Name of Mother melvira Jones
6. Mother's Maiden Name melvira Dorsey
7. Mother's Birthplace dorchester County md
8. Full Name of Father Wesley Jones
9. Father's Occupation oyster Shucker
10. Father's Birthplace dorchester County md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Worlford

Address 130 Rogester St Baltimore md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7
1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2e

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 January
4. *Place of Birth (Street and Number)* 58 Hanover St
5. *Full Name of Mother* Annie Mary Roch
6. *Mother's Maiden Name* Schroeder
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Roch
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 1070 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28699

HEALTH DEPARTMENT 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Jan. 1st 1879
4. *Place of Birth (Street and Number)*	208 Bank
5. *Full Name of Mother*	Ann Rebecca Kerr
6. *Mother's Maiden Name*	" " Riley
7. *Mother's Birthplace*	Balto. city
8. *Full Name of Father*	Michl Kerr
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace*	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	D. R. W. Mansfield
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

28700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	1. January
4. *Place of Birth (Street and Number)*	Polar Road
5. *Full Name of Mother*	Anna Liska
6. *Mother's Maiden Name*	" Kadalik
7. *Mother's Birthplace*	Vojstic Bohemia
8. *Full Name of Father*	Karel Liska
9. *Father's Occupation*	Schoermacker
10. *Father's Birthplace*	Bolikov Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

28701

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored Race

3. *Date of Birth* Jan 1st 1879

4. *Place of Birth (Street and Number)* 103 S Bethel St

5. *Full Name of Mother* Lucy Thompson

6. *Mother's Maiden Name* [illegible] Hall

7. *Mother's Birthplace* Baltimore MD

8. *Full Name of Father* Thomas Thompson

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Lewton

Address

Remarks

RETURN OF A BIRTH.

28702

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
6
1879
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

(state whether Male or Female) Male

or Color (if not of the white race) White Race

of Birth first of January

of Birth (Street and Number) North West Corner of monument bargline

Name of Mother Emma frances Beckmyre

r's Maiden Name Emma frances Hunter

r's Birthplace Baltimore

Name of Father Walter Lefty Beckmyre

r's Occupation Brickerman

r's Birthplace Baltimore

of Medical Attendant, or other Person who makes this Return. Mrs Guy

ess 118 North Eden St

rks

28703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPART JAN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 1 January
4. *Place of Birth (Street and Number)* 316 Cross street
5. *Full Name of Mother* Jane wesley
6. *Mother's Maiden Name* Jane Colson
7. *Mother's Birthplace* Cittty
8. *Full Name of Father* Joe Frank wesley
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Cittty

Name of Medical Attendant, or other Person who makes this return milly Gross

Address 181 yark street

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28704

HEALTH DEPARTMENT
OCT 6
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January the 1st
4. *Place of Birth (Street and Number)* York street No 167
5. *Full Name of Mother* Amelia E Davis
6. *Mother's Maiden Name* A. E. Maddox
7. *Mother's Birthplace* City of Balto.
8. *Full Name of Father* Wm E Davis
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* City of Balto.

Name of Medical Attendant, or other Person who makes this return Milby Gross

Address 181 yorth street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 1. 1879
4. *Place of Birth (Street and Number)* North St. No 18
5. *Full Name of Mother* Mary Jones
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. F. White

Address City Hospital Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28706

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 1st 1879
4. *Place of Birth (Street and Number)* 53 Bunker st.
5. *Full Name of Mother* Theresa Lanitto
6. *Mother's Maiden Name* " Hess
7. *Mother's Birthplace* City
8. *Full Name of Father* Edward Lanitto
9. *Father's Occupation* Grocer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Butz

Address 245 Canton Ave

Remarks

28707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 1st 1879.
4. *Place of Birth (Street and Number)* No 278 Madison St.
5. *Full Name of Mother* Mary Herbes.
6. *Mother's Maiden Name* Mary Franz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Herbes.
9. *Father's Occupation* Salesman.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm F Hillegeist

Address No 182 E Monument St.

Remarks

28708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 1st 1879
4. *Place of Birth (Street and Number)* 5 Hamilton St
5. *Full Name of Mother* Mary Leary
6. *Mother's Maiden Name* " Doyle
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thos Leary
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Niesenzehl (Mid)

Address 220 Preston St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 1st. 1879 5 15 A.M. 1879
4. Place of Birth (Street and Number) 6 Patapsco Avenue
5. Full Name of Mother Anna Elizabeth Broom
6. Mother's Maiden Name Anna Elizabeth Legenfit
7. Mother's Birthplace Balto City
8. Full Name of Father John Stanelaus Broom
9. Father's Occupation Trucker
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 299 E Baltimore St.

Remarks

28710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 1st
4. *Place of Birth (Street and Number)*	205 Lover street
5. *Full Name of Mother*	Annie Augusta
6. *Mother's Maiden Name*	Vollmer
7. *Mother's Birthplace*	Bremen Germany
8. *Full Name of Father*	Harry W. Young
9. *Father's Occupation*	Painter & Framer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Seebeck
Address	No. 439 West Pratt Street.
Remarks	

28711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth January 1st 1879

4. Place of Birth (Street and Number) Aisquith 382

5. Full Name of Mother Emilie Tulpe

6. Mother's Maiden Name " Tulle

7. Mother's Birthplace Hanover

8. Full Name of Father Frederick Tulpe

9. Father's Occupation Tanner

10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Allig

Address 48 Holland St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st January 1879
4. *Place of Birth (Street and Number)* 9 China alley
5. *Full Name of Mother* Dorotha Bens
6. *Mother's Maiden Name* " Klaes
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michael Barr
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Muench

Address 98 Leadenhall St

Remarks

28713

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1879
4. Place of Birth (Street and Number)	178 E. Chapel Str.
5. Full Name of Mother	Mrs F. Venger
6. Mother's Maiden Name	Mrs Fisher
7. Mother's Birthplace	Prussia
8. Full Name of Father	H. F. Venger
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 171 W Washington Str
Remarks	F P

287111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1879
4. Place of Birth (Street and Number)	No. 95 Lemmon Street
5. Full Name of Mother	Mary Ellen McNabb
6. Mother's Maiden Name	Mary Ellen Graham
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert McNabb
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	A. Lindau
Address	No 43 Monroe St.
Remarks	

28715

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st January 1879
4. *Place of Birth (Street and Number)* 13-8-1 Linden Avenue
5. *Full Name of Mother* Elizabeth Schultz
6. *Mother's Maiden Name* " Schuh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Schultz
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigelsheiger

Address 14 Union st

Remarks

28716

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 9. 79
4. Place of Birth (Street and Number)	55 E Lilac St
5. Full Name of Mother	Emma Bagnall
6. Mother's Maiden Name	" Wannar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bagnall
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Smyth Chiver
Address	238 E Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 1st. 12.30 P.M. 1879
4. Place of Birth (Street and Number) 20 S. Caroline Street
5. Full Name of Mother Catharine Margaret Keyser
6. Mother's Maiden Name Catharine M. Hiss
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Herman Keyser
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fifth

1. *Sex (state whether male or female)* female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 2 1879

4. *Place of Birth (Street and Number)* Chapel st No 36

5. *Full Name of Mother* Alvirdia Mc Elvee

6. *Mother's Maiden Name* Alvirdia Worthington

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Charles Mc Elvee

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Bull

Address No 171 South Chester st

Remarks

RETURN OF A BIRTH.

28719

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	2nd, January 1879
4. *Place of Birth (Street and Number)*	No. 39, Cambridge st.
5. *Full Name of Mother*	Mary Frances Meyer
6. *Mother's Maiden Name*	Mary Frances Williamson
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Gerhardt Meyer
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address	No 12 Patterson Park Av
Remarks	Called in Doctor gately

28720

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Januar. 2 d. 1879
4. *Place of Birth (Street and Number)* Co Harfortroth Balt Co.
5. *Full Name of Mother* Rebeke Wilhelm
6. *Mother's Maiden Name* Reb. Fellmann
7. *Mother's Birthplace* German
8. *Full Name of Father* Wilhelm Wilhelm
9. *Father's Occupation* Butcher
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28721

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	5 t
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 2. 1879
4. Place of Birth (Street and Number)	N. Warschington str 74.
5. Full Name of Mother	Barbara Schmidt
6. Mother's Maiden Name	Hess
7. Mother's Birthplace	Guttlau Hessendarmstadt
8. Full Name of Father	Friedrich Schmidt
9. Father's Occupation	Lebner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rauprach
Address	S. Wolfs str No 28
Remarks	Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28722

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	5 t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 2. 1879
4. Place of Birth (Street and Number)	L. Bonnstr No 238
5. Full Name of Mother	Katharine Rumbel
6. Mother's Maiden Name	Wolf
7. Mother's Birthplace	Niedermodau Prussia
8. Full Name of Father	Georg Rumbel
9. Father's Occupation	Tailor
10. Father's Birthplace	Hessendarmstadt
Name of Medical Attendant, or other Person who makes this Return	Wm Joh. Baumach
Address	L. Wolfstr No 28
Remarks	Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28793

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 January 1879
4. *Place of Birth (Street and Number)* 326 Hamburg st.
5. *Full Name of Mother* Bertha Stellmacher
6. *Mother's Maiden Name* Mueller
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Peter Stellmann
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

28724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 January Second
4. Place of Birth (Street and Number)	No 7 Wilcox St
5. Full Name of Mother	Mary Murray
6. Mother's Maiden Name	Gordon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Murray
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursular T Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Baltojan 1879

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4E.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 2nd 1879
4. Place of Birth (Street and Number) 8 Bradfort Ally
5. Full Name of Mother Mary Tratz
6. Mother's Maiden Name Mary Zimmerman
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Tratz
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28726

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 2nd January 1879

4. Place of Birth (Street and Number) 15 Barnett Street

5. Full Name of Mother Fannie Cobb

6. Mother's Maiden Name " Klaus

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Joseph J. Cobb

9. Father's Occupation Barber

10. Father's Birthplace Green County N. C.

Name of Medical Attendant, or other Person who makes this Return. Barbara Reis

Address 26 N. Fredrick St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

Helena Young

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 2nd 1879
4. Place of Birth (Street and Number)	326 Pennsylvania Ave
5. Full Name of Mother	Annie Mary Young
6. Mother's Maiden Name	Starker
7. Mother's Birthplace	Balto. City Md.
8. Full Name of Father	John Adam Young
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto. City Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	GIVEN NAME ADDED 6-17-53 L.M.

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

28729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 2nd January 1879

4. Place of Birth (Street and Number) 106 North Chapel st

5. Full Name of Mother Mary Arnold

6. Mother's Maiden Name Mary Vogel

7. Mother's Birthplace Germany

8. Full Name of Father Phil Vogel

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescent E. Kingsley

Address 11 North Chapel st John Lunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 2d 79
4. Place of Birth (Street and Number)	204 Fremont st.
5. Full Name of Mother	Margaret Redifer.
6. Mother's Maiden Name	Margaret Schaffer.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Redifer.
9. Father's Occupation	Painter.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	John I Pennington M.D.
Address	78 N Greene st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vest Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

28731

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 2nd 1878
4. *Place of Birth (Street and Number)* 1225 Eastern Ave
5. *Full Name of Mother* Emma Wiegbart
6. *Mother's Maiden Name* " Schumacher
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Wiegbart
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

28732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January the 9
4. Place of Birth (Street and Number) south Pacast No 223
5. Full Name of Mother Josephine C Broderick
6. Mother's Maiden Name Josephine C Wimpett
7. Mother's Birthplace Baltimore
8. Full Name of Father Timothy A Broderick
9. Father's Occupation pocice offorcer
10. Father's Birthplace Martinsburg W V

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodman

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28733

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth 2nd of January
4. Place of Birth (Street and Number) Decker St.
5. Full Name of Mother Mary Ann Fifer. 1 1 1
6. Mother's Maiden Name " " Bailey
7. Mother's Birthplace Baltimore
8. Full Name of Father William Thomas Fifer.
9. Father's Occupation Stone-merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28731

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 3/79
4. Place of Birth (Street and Number)	617 W. Lombard St
5. Full Name of Mother	Rebecca A. Spicer
6. Mother's Maiden Name	" " Burnham
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Thos. L. Spicer
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	T. L. Spicer M.D.
Address	379 W Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28735

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 3rd 1879
4. Place of Birth (Street and Number) No 554 Charles st
5. Full Name of Mother Laura Moore
6. Mother's Maiden Name Laura Hartlove
7. Mother's Birthplace Baltimore
8. Full Name of Father Pke [illegible] Moore
9. Father's Occupation Brickmoulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 106 West 2d

Remarks

28736

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth January 3rd 1879.
4. Place of Birth (Street and Number) No 30 Liberty Alley.
5. Full Name of Mother Lizzie Mc. Manus.
6. Mother's Maiden Name Lizzie Linton.
7. Mother's Birthplace Ireland
8. Full Name of Father John L. Mc. Manus
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnberger

Address No 23 N Liberty St

Remarks

28737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* male Child
2. *Race or Color (if not of the white race)* ——
3. *Date of Birth* 3 January
4. *Place of Birth (Street and Number)* 31 Fawn Street
5. *Full Name of Mother* Johanne Trebert
6. *Mother's Maiden Name* Stalfort
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Trebert
9. *Father's Occupation* China Decorator
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Caspar

Address 55 East Lombard Street

Remarks Died 6th of January (weekness)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28738

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	3rd of January 1879
4. Place of Birth (Street and Number)	Orleans St — No 235. near Broadway
5. Full Name of Mother	Frances Veraqua Glascoe
6. Mother's Maiden Name	" " " " Thomas
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Wrighton Glascoe
9. Father's Occupation	Oyster Opener
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Henrietta A. Glascoe
Address	McElderry St. near Patterson Park Ave
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3
4. Place of Birth (Street and Number)	22 Greenmount Ave
5. Full Name of Mother	Lorriene Jackson
6. Mother's Maiden Name	Thomas
7. Mother's Birthplace	Accomac County Vir
8. Full Name of Father	James T Jackson
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3 1879
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W. Lombard St.
5. *Full Name of Mother* Ellen Mary Dunn
6. *Mother's Maiden Name* Ellen ~~Harry~~
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Dunn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. David Streett, M.D. House Physician

Address Maternite Hospital — 163 W. Lombard St.

Remarks Labor protracted — child weighed 10½ lbs. and bottled + mother are doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 3d 1879
4. *Place of Birth (Street and Number)* 568 Eastern Ave
5. *Full Name of Mother* Barbara Schilling
6. *Mother's Maiden Name* " Schell
7. *Mother's Birthplace* Germany
8. *Full Name of Father* David Schilling
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Eastern Ave

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 3rd 1879
4. *Place of Birth (Street and Number)* No 303 McElderry
5. *Full Name of Mother* A. Virginia Gettier
6. *Mother's Maiden Name* A. Virginia Reed
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George P. Gettier
9. *Father's Occupation* Farmer.
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 286 Mt Pongst st

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...wise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...thin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...n, its or their physical condition, whether still born or not, the full name, nativity, and residence ... the parents, and the maiden name of the mother of such child or children.

28743

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth January 3rd 1879

4. Place of Birth (Street and Number) No 246 Mulliken St

5. Full Name of Mother Julia A Fryer

6. Mother's Maiden Name Julia A Stephens

7. Mother's Birthplace Philadelphia

8. Full Name of Father Thos J. Fryer

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh St

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children n, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* White
2. *Race or Color (if not of the white race)* ~
3. *Date of Birth* January 24
4. *Place of Birth (Street and Number)* X 262 Aisquith St.
5. *Full Name of Mother* Mary Lees
6. *Mother's Maiden Name* " Eigman
7. *Mother's Birthplace* Hessen Darmstadt Germ.
8. *Full Name of Father* Christian Lees
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace* Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Record of Vital Statistics in the City of Baltimore.

28745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Femail
2. Race or Color (if not of the white race) Colored
3. Date of Birth 3rd
4. Place of Birth (Street and Number) Williamson ally No 63
5. Full Name of Mother Elizabeth an Dotten Johnson
6. Mother's Maiden Name Elizabeth ann Dotten
7. Mother's Birthplace Baltimore County, Md
8. Full Name of Father Thomas M. Johnson
9. Father's Occupation Tabernaman
10. Father's Birthplace J Farms Will Virginia

Name of Medical Attendant, or other Person who makes this Return. Rachel Lorem

Address Henrietter sts 122

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28746

HEALTH DEPARTMENT JAN 1 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dany 30 1879
4. Place of Birth (Street and Number)	324 Alice Anne Str.
5. Full Name of Mother	R F. Kann
6. Mother's Maiden Name	R. Fulling.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Alb. Kann
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary A. Simms.
Address	# 171 W Washington Str.
Remarks	

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28747

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3rd 1879
4. *Place of Birth (Street and Number)* 17 Patterson Pk
5. *Full Name of Mother* Ellen Somers Williams
6. *Mother's Maiden Name* Wootten
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Edmund Jones Williams
9. *Father's Occupation* Physician
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. E. J. Williams M.D.

Address 17 Patterson Pk

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	3 Jan 1879
4. Place of Birth (Street and Number)	210 Hughes Street Baltimore
5. Full Name of Mother	Mary Beam
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Williams Beam
9. Father's Occupation	Labor
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Griffin
Address	210 Hughes Street Baltimore
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28749

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Januar 4 d. 1879
4. *Place of Birth (Street and Number)* 79 the. altre str.
5. *Full Name of Mother* Elise Worthmann
6. *Mother's Maiden Name* Elise Imfainge
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Adolp Worthmann
9. *Father's Occupation* Brickleger
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bondstreet

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28750

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 4 d. 1879

4. *Place of Birth (Street and Number)* 97 N. Altamont Str.

5. *Full Name of Mother* Louise Stutz

6. *Mother's Maiden Name* Louise Hoffmeier

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Reinhard Stutz

9. *Father's Occupation* Zeitungsträger

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie L. Rudiger

Address 134 N. Bond Str

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28751

GIVEN NAME ADDED 6-25-63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

Name: Mary Catherine Tarourek

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	4. of January. 1879
4. Place of Birth (Street and Number)	N. 41 Abbott St. Baltimore.
5. Full Name of Mother	Anna Tarourek.
6. Mother's Maiden Name	A. Wolek.
7. Mother's Birthplace	Bohemia.
8. Full Name of Father	Pete Tarourek.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Katerina Tarourek
Address	N. 41 Abbott St. Balto.
Remarks	Born. Live.

28752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
J[redacted]
6
1879
BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12h 45m P.M. 4th January, 1879.

4. Place of Birth (Street and Number) 45 S. Oregon St or Arlington Avenue

5. Full Name of Mother Mary Jane Burke

6. Mother's Maiden Name Mary Jane McPhail

7. Mother's Birthplace Baltimore City - Maryland.

8. Full Name of Father Charles Edwin Burke

9. Father's Occupation Iron Moulder

10. Father's Birthplace Baltimore City - Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm I. Worth M.D.

Address 148 W. Howard St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4 of Jan. 1879.
4. *Place of Birth (Street and Number)* No. Dallas
5. *Full Name of Mother* Katie Hitchens
6. *Mother's Maiden Name* Katie Stokes
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Stokes
9. *Father's Occupation* Tin Cutter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary Walker

Address 123 N Carolina

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth ~~[illegible]~~ January 4th 1879
4. Place of Birth (Street and Number) Hamburg Street No 75
5. Full Name of Mother Anna Kusser
6. Mother's Maiden Name Anna Mieck
7. Mother's Birthplace New Jersey
8. Full Name of Father George Kusser
9. Father's Occupation Glassblower
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28755

HEALTH DEPARTMENT
JAN 4 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 4th 1879.

4. Place of Birth (Street and Number) No. 112 S. Fayette st.

5. Full Name of Mother Agnes. Ricking.

6. Mother's Maiden Name Agnes ~~Schneider~~ Schneider

7. Mother's Birthplace Germany.

8. Full Name of Father Charles Schneider.

9. Father's Occupation Restraunt.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Wenas Hillegeist.

Address No. 182. E. Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 4th 1879
4. *Place of Birth (Street and Number)* No. 211 S. Wolfe St
5. *Full Name of Mother* Dora Kemperling
6. *Mother's Maiden Name* " Klingelhoefer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Kemperling
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Goetzke

Address S. S. E. Bond

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) . . . .
3. Date of Birth January 4 1879
4. Place of Birth (Street and Number) 103 Harrison st
5. Full Name of Mother Sarah Wittgenstein
6. Mother's Maiden Name Sarah Neuburger
7. Mother's Birthplace Buchau Wurtemberg
8. Full Name of Father David Wittgenstein
9. Father's Occupation Merchand
10. Father's Birthplace Langenschwarz Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Lauben Weiß Gebauer

Address No 26 N Friedrichstrasse

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28758

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) a colord
3. Date of Birth the 4 of January
4. Place of Birth (Street and Number) in a hack in Riddil ally
5. Full Name of Mother marry Bron
6. Mother's Maiden Name
7. Mother's Birthplace Wasington Rode
8. Full Name of Father Joseph Bradfor
9. Father's Occupation
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Lucinder Conish mit Wif

Address no 48 Riddil ally

Remarks When it Was Borna Was Well an harty on till yesterday an died this morning

lives now No 64 Riddil all

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 4th 1879
4. *Place of Birth (Street and Number)* No 275 N Chapel St.
5. *Full Name of Mother* Ida B. Meyers.
6. *Mother's Maiden Name* Ida B. Rollison
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John H. Meyer.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary Allwell

Address 281 N Donegh st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
, its or their physical condition, whether still born or not, the full name, nativity, and residence
he parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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28760

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4th 1879
4. Place of Birth (Street and Number)	# 313 Canton Ave.
5. Full Name of Mother	M. L. Harris
6. Mother's Maiden Name	M. Seifert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	G. H. Harris
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 191 S. Washington St.
Remarks	F.B. 11

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 4-79 -
4. Place of Birth (Street and Number)	262 N. Carey St -
5. Full Name of Mother	Isabelle Romaville
6. Mother's Maiden Name	" Howell.
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	David W. Romaville
9. Father's Occupation	Shirt manufacturer
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. T. King - M.D
Address	76 Edmondson Ave
Remarks	Normal Labor.

28762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 4 29
4. *Place of Birth (Street and Number)* No 3 Boyl street
5. *Full Name of Mother* Mrs Barbary Hittner
6. *Mother's Maiden Name* Mrs Barbary Gugel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Adam Hittner
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumpler

Address 60 Chester

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28763

To the Office of Registrar of Vital Statistics, Board of ~~Health~~.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 5th 1879
4. *Place of Birth (Street and Number)* 299 N Broadway
5. *Full Name of Mother* Sarah, Francis, Merchant
6. *Mother's Maiden Name* " " Flammer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Benjamin Merchant
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore, City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M.D.

Address Broadway & Madison st

Remarks

RETURN OF A BIRTH.

287614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	3rd
1. *Sex (state whether Male or Female)*	
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 5th 1879
4. *Place of Birth (Street and Number)*	No 70 S. Poppleton
5. *Full Name of Mother*	Hannah Kelly
6. *Mother's Maiden Name*	" Orth
7. *Mother's Birthplace*	Balto. Md
8. *Full Name of Father*	Wm H. Kelly
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spencer M.D.
Address	379 W. Lombard St "
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 5th of January 1879
4. Place of Birth (Street and Number) 4d Stockholm St
5. Full Name of Mother Mary Armstrong
6. Mother's Maiden Name Magdeen
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Francis Armstrong
9. Father's Occupation huckster
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Vina Mills

Address 17

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Balto [illegible] 1879.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 5th 1879
4. Place of Birth (Street and Number) 114 S. Washington St.
5. Full Name of Mother Katie Mackert
6. Mother's Maiden Name Katie Hecker
7. Mother's Birthplace America
8. Full Name of Father Henry Mackert
9. Father's Occupation Painter
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 132 South Wolfe Street

Remarks

28767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	5 January
4. Place of Birth (Street and Number)	7 Constitution St
5. Full Name of Mother	Margaret Oneal
6. Mother's Maiden Name	Hagerty
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	James Oneal
9. Father's Occupation	Police Officer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrisman
Address	No 7 Fossett Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether ~~Male or~~ Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6h 30m A.M. 5th January, 1879.
4. *Place of Birth (Street and Number)* 434 W. Calhoun St Baltimore City
5. *Full Name of Mother* Mary Isabella Moore
6. *Mother's Maiden Name* Mary Isabella Larson
7. *Mother's Birthplace* Baltimore City — Maryland
8. *Full Name of Father* Gustavus John Moore
9. *Father's Occupation* Brick Mason
10. *Father's Birthplace* Savannah — Georgia

Name of Medical Attendant, or other Person who makes this Return. Wm. I. Worth M.D.

Address 148 W. Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth January 5 d. 1879.

4. Place of Birth (Street and Number) Cannover Street No 279.

5. Full Name of Mother Bernhardina Reinle

6. Mother's Maiden Name Bernhardina Schmidt

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Raymond Reinle

9. Father's Occupation Show case manufacturer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address No 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Colored.

3. Date of Birth January 5 1879.

4. Place of Birth (Street and Number) Howard Street, Nomba B.

5. Full Name of Mother Harriott Hill.

6. Mother's Maiden Name Harriott Jackson.

7. Mother's Birthplace Dorchester County.

8. Full Name of Father William B. Hill

9. Father's Occupation Cyder Shucker.

10. Father's Birthplace Dorchester County.

Name of Medical Attendant, or other Person who makes this Return. Marcy Hanwood.

Address 109, North Chester Street. B. M.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28771

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 5th 1879
4. *Place of Birth (Street and Number)* Highlandtown no number
5. *Full Name of Mother* Louisa Schmeiser
6. *Mother's Maiden Name* Louisa Toly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georg Schmeiser
9. *Father's Occupation* Con Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo Hillegeist

Address No 182 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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28772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	
3. Date of Birth	Janry. 5. 1879.
4. Place of Birth (Street and Number)	417 E. Chase St.
5. Full Name of Mother	Harriet A. Morgan.
6. Mother's Maiden Name	Hatton
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Chas. H. Morgan
9. Father's Occupation	Bricklayer.
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	L. C. Gordon, M.D.
Address	311 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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28773

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Light Brown Skin
3. *Date of Birth* Jan 5th 1879
4. *Place of Birth (Street and Number)* Tapaco. Av. No 2
5. *Full Name of Mother* francies moor
6. *Mother's Maiden Name* francies moor
7. *Mother's Birthplace* Baltor City
8. *Full Name of Father* Joshua Hook
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Calvert Co MD

Name of Medical Attendant, or other Person who makes this return Carline moor

Address No 273 Hages st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28774

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan. 5th 1879
4. *Place of Birth (Street and Number)*	No 253 Light st
5. *Full Name of Mother*	Margaret Schneider
6. *Mother's Maiden Name*	Ward
7. *Mother's Birthplace*	America
8. *Full Name of Father*	John Schneider
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Gahagan for midwife
Address	336 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

28776

HEALTH DEPARTMENT JAN 11 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 5th 1879
4. *Place of Birth (Street and Number)*	do 330 Hanover st
5. *Full Name of Mother*	Cathern Rolin
6. *Mother's Maiden Name*	Dorsey
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Michel Raolin
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. Lehnegesser midwife
Address	330 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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The Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

28776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 5th 1879
4. *Place of Birth (Street and Number)*	No 522 E. A
5. *Full Name of Mother*	Lizzie Meyer
6. *Mother's Maiden Name*	" Range
7. *Mother's Birthplace*	Maine
8. *Full Name of Father*	William Meyer
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Maine
Name of Medical Attendant, or other Person who makes this return	Elizabeth Schmidt
Address	
Remarks	No 474 E. L

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28777

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th January 1879
4. *Place of Birth (Street and Number)* 480 Pennsylvania Avenue
5. *Full Name of Mother* Maria Dickens
6. *Mother's Maiden Name* " Flinn
7. *Mother's Birthplace* England
8. *Full Name of Father* Frank Dickens
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelsinger

Address 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28778

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Jan 6 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Alice Davison
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* London - England
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Physician

Address ~~first of twins and born by [illegible]~~ Maternite Hospital

Remarks first of twins and born by vertex

[illegible] Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* January 6th 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Alice Davison
6. *Mother's Maiden Name* Alice Davison
7. *Mother's Birthplace* London — England
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Physician

Address Maternite Hospital

Remarks Born by breech + second of twins born.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male

2. *Race or Color (if not of the white race)* Caucasian

3. *Date of Birth* January 6th 1879

4. *Place of Birth (Street and Number)* Maternite Hospital

5. *Full Name of Mother* Ellen Carroll

6. *Mother's Maiden Name* Ellen Carroll

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Unknown

9. *Father's Occupation* "

10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Phys.

Address Maternite Hospital

Remarks Breech presentation — child doing well.

David Streett M.D. House Physician

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

BALTIMORE HEALTH DEPARTMENT 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* ~~[illegible]~~ female
2. *Race or Color (if not of the white race)* Caller
3. *Date of Birth* the 6 June 1879
4. *Place of Birth (Street and Number)* No 53 Lane Ste
5. *Full Name of Mother* Rody titus
6. *Mother's Maiden Name* R hallin
7. *Mother's Birthplace* Sussex Ct Cork
8. *Full Name of Father* John titus
9. *Father's Occupation* Gabr
10. *Father's Birthplace* Amron Cort

Name of Medical Attendant, or other Person who makes this Return. Boston

Address Willin

Remarks No 70 Thomas Ste

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 8 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the Eight
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January the 6 1879
4. *Place of Birth (Street and Number)*	No 236 Bank St
5. *Full Name of Mother*	Elizebeth Bojell
6. *Mother's Maiden Name*	Elizebeth Miles
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Bojell
9. *Father's Occupation*	A Laboar
10. *Father's Birthplace*	Germiney
Name of Medical Attendant, or other Person who makes this Return.	Ann E Bell
Address	No 171 South Chester St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 6 1879
4. *Place of Birth (Street and Number)*	85 Riverside ave
5. *Full Name of Mother*	Margt Stinkle
6. *Mother's Maiden Name*	M Boehnlein
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Kunkle
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Balte
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

HEALTH DEPARTMENT JAN 1879 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

287811

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 6. d. 1879
4. *Place of Birth (Street and Number)* 91 N. Wolfe St.
5. *Full Name of Mother* Marie Germain
6. *Mother's Maiden Name* Mac Kelsh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin German
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. R. Rudiger

Address 134 N. Bondstreet

Remarks

28785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 6
4. Place of Birth (Street and Number) 70 Holliday St
5. Full Name of Mother Elisabeth Rieley
6. Mother's Maiden Name Moran
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo Rieley
9. Father's Occupation Metre Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28786

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 January
4. Place of Birth (Street and Number)	High and Hartlan St
5. Full Name of Mother	Bridget Magle
6. Mother's Maiden Name	Flemings
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Charles Magle
9. Father's Occupation	Varnisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula Tobansmen
Address	No 7 Forrest Place
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6th January 1879
4. *Place of Birth (Street and Number)* Gour fort u. Williams Pts
5. *Full Name of Mother* Elizabeth Broseker
6. *Mother's Maiden Name* Elizabeth Seiman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Broseker
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhallstrit

Remarks Katherina Münch 98 Leadenhall St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 January 1879.
4. *Place of Birth (Street and Number)* 66 Perry st
5. *Full Name of Mother* Mary Carroll
6. *Mother's Maiden Name* Walker
7. *Mother's Birthplace* New York City.
8. *Full Name of Father* Pierce Carroll
9. *Father's Occupation* " Walker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw st

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

D. 8789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 19 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 January
4. Place of Birth (Street and Number)	22 Barnes St
5. Full Name of Mother	Maria Lhotsky
6. Mother's Maiden Name	" Smejkal
7. Mother's Birthplace	Cerekev Bohemia
8. Full Name of Father	Anton Lhotsky
9. Father's Occupation	Cabinet-maker
10. Father's Birthplace	Cerekev Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

That Explanations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 6th 1879
4. *Place of Birth (Street and Number)* 830 W. Balto St
5. *Full Name of Mother* Caroline Künker
6. *Mother's Maiden Name* " Waltjen
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John H. Künker
9. *Father's Occupation* Hood Teacher
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzahl (Mid)

Address 220 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE

28791

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 6.
4. *Place of Birth (Street and Number)* Greenby st no 63 Baltimore
5. *Full Name of Mother* Maggie Conner
6. *Mother's Maiden Name* Kelso
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Conner
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simmons

Address No 70 Greenby st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1895 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	January 6th
4. *Place of Birth (Street and Number)*	135 German Street
5. *Full Name of Mother*	Jette Philippsohn
6. *Mother's Maiden Name*	Jette Herzog
7. *Mother's Birthplace*	New haven Con.
8. *Full Name of Father*	Alexander Philippsohn
9. *Father's Occupation*	Pedlar
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Bathrnie Salack
Address	No 439 West Pratt Street
Remarks	

Earnest Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

28793

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 6th 1879
4. *Place of Birth (Street and Number)* 166 Hamburg st
5. *Full Name of Mother* Paulina Welke
6. *Mother's Maiden Name* " Klein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Samuel Welke
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Meench

Address 98 Leadenhall st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT JAN 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th January
4. *Place of Birth (Street and Number)* 366 Hannover St
5. *Full Name of Mother* Anne Simering
6. *Mother's Maiden Name* Anne Schikner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* William F. Simering
9. *Father's Occupation* Engine Wearmann
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks .....

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* January 6 1879
3. *Date of Birth* January 6 1879
4. *Place of Birth (Street and Number)* Baltimore Hamburg st. # 373
5. *Full Name of Mother* Annie McGee
6. *Mother's Maiden Name* Annie Polland
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Tom McGee
9. *Father's Occupation* Police
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return Mrs. M. Shaffer

Address #18 South Paca Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 6 1879.
4. *Place of Birth (Street and Number)* L. Register A. № 46.
5. *Full Name of Mother* Susanna Mc Paul.
6. *Mother's Maiden Name* Susanna Mulin
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Peter Mc Paul
9. *Father's Occupation* Captain
10. *Father's Birthplace* Franklin Island. Th. Gr. Brittania. Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Mullen

Address N. Dallas A. № 26,

Remarks

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 17 1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th (Living Parturition)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 6th 1879 1 Am
4. *Place of Birth (Street and Number)* 327 Canton av.
5. *Full Name of Mother* Annie ~~Dietz~~ Deischler
6. *Mother's Maiden Name* Annie Einzeman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John ~~Dietz~~ Deischler
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. [illegible]

Address [illegible]

Remarks * Attended by midwife - 2nd child still born

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother* Catherine Sullivan

6. *Mother's Maiden Name* Catherine Sullivan

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* John Sullivan

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28810

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ol

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th January 1879
4. *Place of Birth (Street and Number)* 154 Walsh st
5. *Full Name of Mother* Anna Lily
6. *Mother's Maiden Name* " Kriesma
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John Lily
9. *Father's Occupation* Confectionary
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engeldinger

Address 14 Union st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan. 6. 1879
4. *Place of Birth (Street and Number)*	30 Cross
5. *Full Name of Mother*	Sarah F. Norfolk
6. *Mother's Maiden Name*	" " " Crouch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John M Norfolk
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

288021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* 2 Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 7th 1879
4. *Place of Birth (Street and Number)* 239 S Henrietta St
5. *Full Name of Mother* Mary E Keene
6. *Mother's Maiden Name* Mary E Booker
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Geo F Keene
9. *Father's Occupation* Draymen
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address No 60 Schroeder St

Remarks One Living male Child & one Still Born male Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Fem.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Jan 7/79
4. Place of Birth (Street and Number)	410 E. Eager
5. Full Name of Mother	Georgeanna
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	City
8. Full Name of Father	Wm Bridges
9. Father's Occupation	Painter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	181 Aisquith St.
Remarks	

28804

HEALTH DEPARTMENT
JAN 9 1 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 5th

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* Jany 7th 1879
4. *Place of Birth (Street and Number)* 258 W Lexington St
5. *Full Name of Mother* Sarah Herngood
6. *Mother's Maiden Name* Sarah Jacobs
7. *Mother's Birthplace* New York N.Y.
8. *Full Name of Father* Abd Herngood
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frozed M.D.

Address " "

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28805

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 9th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Jany 7th 1879
4. Place of Birth (Street and Number) 264 W Lexington St
5. Full Name of Mother Henrietta Schwab.
6. Mother's Maiden Name Henrietta Strauf.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Henry Schwab.
9. Father's Occupation Grocer
10. Father's Birthplace Europe.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Kroze, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,8806

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 7th 1879
4. Place of Birth (Street and Number)	131 S. High St
5. Full Name of Mother	Mrs. Martha Cawthorn
6. Mother's Maiden Name	Roy
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Benj. Franklin Cawthorn
9 Father's Occupation	Paper Manufacturer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. H. Ramsay
Address	3 S. Calvert St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28807

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	
3. Date of Birth	January 7
4. Place of Birth (Street and Number)	Park Ave near Fremont St.
5. Full Name of Mother	Belle Haines
6. Mother's Maiden Name	Belle Buck
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Frank Haines
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A M Nilson
Address	257 Mad. Ave.
Remarks	Forceps

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28809

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	7th of January 1879
4. *Place of Birth (Street and Number)*	195 N. Fremont St.
5. *Full Name of Mother*	Emma Weber
6. *Mother's Maiden Name*	Emma Heidmann
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	August Weber
9. *Father's Occupation*	Bank Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. W. Heidmann M.D.
Address	120 Park St Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 7th 1879
4. *Place of Birth (Street and Number)* No. 18 Fell St.
5. *Full Name of Mother* Maggie Trautfelder
6. *Mother's Maiden Name* " Davis
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Trautfelder
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Miss Elizabeth Bell

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28810

HEALTH DEPARTMENT. JAN 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female "
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 7th 1879
4. *Place of Birth (Street and Number)* 17 Block etc.
5. *Full Name of Mother* Elizabeth Miller
6. *Mother's Maiden Name* " Dittmahr
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Godfrey Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 7. 1879
4. *Place of Birth (Street and Number)* Bank st 24
5. *Full Name of Mother* mary E Coldiway
6. *Mother's Maiden Name* mary E Burns
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Coldiway
9. *Father's Occupation* marriner
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this return mary connelly

Address collington Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28812

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7 of January
4. Place of Birth (Street and Number) Balt Fayette St no 260
5. Full Name of Mother Emily Jane Smith
6. Mother's Maiden Name Emily Jane Leef
7. Mother's Birthplace Balt
8. Full Name of Father Wm. David Smith
9. Father's Occupation Gun Smith
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Guy 113 North Eden St

Address ~~Healthy~~

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 1st 1879
4. *Place of Birth (Street and Number)* No 301 Hanford Ave
5. *Full Name of Mother* Kate Bestuman
6. *Mother's Maiden Name* Kate Rimmle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Bestuman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Hillegeist

Address No 182 E Monument st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28811

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* friday January 3d
4. *Place of Birth (Street and Number)* No 10 Shuter St Balt
5. *Full Name of Mother* pristila grace
6. *Mother's Maiden Name* pris Sillivan
7. *Mother's Birthplace* Eastern Shore Md
8. *Full Name of Father* Hugh James Jno G
9. *Father's Occupation* oyster Shucker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth foat

Address Youngs court

Remarks mid wife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1879
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male - Herbert Wesley Clark
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* July 7. 1879
4. *Place of Birth (Street and Number)* 588 Penna ave -
5. *Full Name of Mother* maggie Blance
6. *Mother's Maiden Name* " Martin
7. *Mother's Birthplace* md.
8. *Full Name of Father* Jerome Blance
9. *Father's Occupation* Conductor City Pass R.R
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 N Eutaw st

Remarks

2.8816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 7, 1879
4. *Place of Birth (Street and Number)* E. Bond St. No. 265
5. *Full Name of Mother* Elisabetha Schleiger
6. *Mother's Maiden Name* Elisabetha Tirscheit
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Ludwig Schleiger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

28817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 9th 1879
4. *Place of Birth (Street and Number)* 56 Lancaster St.
5. *Full Name of Mother* Sophia Parker
6. *Mother's Maiden Name* Sophia Young
7. *Mother's Birthplace* Oxford Balto Co.
8. *Full Name of Father* John Parker
9. *Father's Occupation* Teamster
10. *Father's Birthplace* Homestead Balto Co.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28818

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 tes. Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* geboren 7. tes Januar
4. *Place of Birth (Street and Number)* No 218 Alexander Str
5. *Full Name of Mother* Sörre Wilson
6. *Mother's Maiden Name* Sörre Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Wilsen
9. *Father's Occupation* Schneider
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Homme

RETURN OF A BIRTH.

28819

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ed Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 8 th 1879
4. *Place of Birth (Street and Number)* No 327 Charles st
5. *Full Name of Mother* Sarah Johnson
6. *Mother's Maiden Name* Wight
7. *Mother's Birthplace* America
8. *Full Name of Father* Jacob Johnson
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Le Bourgeur midwife

Address 330 Hanover st

Remarks

28820

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Januar 8. 1879
4. *Place of Birth (Street and Number)* 21 Millerstr.
5. *Full Name of Mother* Henriette Menart
6. *Mother's Maiden Name* Henr Manthey
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Menart
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 s. Bondstr.

Remarks

RETURN OF A BIRTH.

28821

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 8th 1879
4. *Place of Birth (Street and Number)* No 190 South Register Street
5. *Full Name of Mother* Barbara Buck
6. *Mother's Maiden Name* Barbara Grime
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Buck
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester Street Baltimore Md

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 8th of January 1879
4. *Place of Birth (Street and Number)* No. 88 N. Washington St.
5. *Full Name of Mother* Mrs Mary Voith
6. *Mother's Maiden Name* Protzmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Anton Voith
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25523

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th of January 1879
4. Place of Birth (Street and Number)	hamburg st No 81
5. Full Name of Mother	Sophia Flury
6. Mother's Maiden Name	Sophia Myers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Flury
9. Father's Occupation	Cigarman
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 16 Keys Street
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 January 1879
4. *Place of Birth (Street and Number)* 110 Green St
5. *Full Name of Mother* Ina M. Rapp
6. *Mother's Maiden Name* Weber
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Rapp
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Alex Lane Adams

Address 82 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 8th 1879
4. *Place of Birth (Street and Number)* No 106 Bolton St
5. *Full Name of Mother* Magdalena Behrend
6. *Mother's Maiden Name* " Rasmussen
7. *Mother's Birthplace* City
8. *Full Name of Father* Jac. L. L. Behrens
9. *Father's Occupation* Segar Maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Rutt

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29826

HEALTH DEPARTMENT JAN 13 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Caucasian.
3. *Date of Birth* Jan. 8, 1879
4. *Place of Birth (Street and Number)* Maternite Hospitale
5. *Full Name of Mother* Lottie Johnson
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Wm. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. Pauca Physician

Address Maternite Hospitale

Remarks Mother small night 98 lbs. quite young. Labor difficult & second stage somewhat protracted. Both mother and child are doing well.

28827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)		Fifth
1. Sex (state whether Male or Female)		Male
2. Race or Color (if not of the white race)		White
3. Date of Birth		Jan 8th 1879
4. Place of Birth (Street and Number)	135	Mosher St
5. Full Name of Mother		Mary Fiester Hartzell
6. Mother's Maiden Name		Fiester
7. Mother's Birthplace		Balto. City
8. Full Name of Father		Jno C. Hartzell
9. Father's Occupation		Police Officer
10. Father's Birthplace		Balto. City
Name of Medical Attendant, or other Person who makes this Return.		J. H. Christian M.D.
Address		431 Penna. Ave.
Remarks		

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

28828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) None

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* January 8th
4. *Place of Birth (Street and Number)* 141 York St
5. *Full Name of Mother* Hester Mitchell
6. *Mother's Maiden Name* Holcomish
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Mitchell
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margret Spriggs

Address No 2 Peach Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 January
4. Place of Birth (Street and Number)	20 Buren St
5. Full Name of Mother	Annie M Sweeney
6. Mother's Maiden Name	Heerlihey
7. Mother's Birthplace	County Cork Ireland
8. Full Name of Father	Wm Sweeney
9. Father's Occupation	Meat House
10. Father's Birthplace	County Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ronald J Chrismer
Address	No 7 Forrest Place
Remarks	

28830

RETURN OF A BIRTH.

28
30
25
83

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 8. 1879
4. *Place of Birth (Street and Number)* 144 E. Greene
5. *Full Name of Mother* Belle Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* J. J. Smith
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Van F. Garrett. M. D.

Address 158. S. Paca.

Remarks Natural Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28831

HEALTH DEPARTMENT
JAN 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex (state whether Male or Female) Grile

2. Race or Color (if not of the white race) White

3. Date of Birth 9. Jan 1879

4. Place of Birth (Street and Number) 390. West St

5. Full Name of Mother Mary Cabart

6. Mother's Maiden Name Mary Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Cabeart

9. Father's Occupation Laber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russell Street No. 70

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 January
4. Place of Birth (Street and Number)	34 Mott Str.
5. Full Name of Mother	Barbora Rucera
6. Mother's Maiden Name	" " Vodicka.
7. Mother's Birthplace	Velenov Bohemia
8. Full Name of Father	Franc Rucera
9. Father's Occupation	Tailor
10. Father's Birthplace	Ciser Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes Str
Remarks	

28833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 9. 1879
4. *Place of Birth (Street and Number)* 143 chester St
5. *Full Name of Mother* ella flaharty
6. *Mother's Maiden Name* ella coners
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* gorge flaharty
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH.

288311
288315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Boy and Girl (Twins)
2. Race or Color (if not of the white race) White
3. Date of Birth 9th February 1879
4. Place of Birth (Street and Number) 30 Union st
5. Full Name of Mother Marcia Ines
6. Mother's Maiden Name " Bonbel
7. Mother's Birthplace Ireland
8. Full Name of Father Charles Ines
9. Father's Occupation Carpenter
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelking

Address 14 Union st

Remarks

28836

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 9th 1879.
4. *Place of Birth (Street and Number)* 683 N. Po Baltimore St
5. *Full Name of Mother* Jennie Rosenthal
6. *Mother's Maiden Name* Jennie Rosenthal
7. *Mother's Birthplace* Pittsburg Pa.
8. *Full Name of Father* Stiel Rosenthal
9. *Father's Occupation* Notion Merchant
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Wayson

Address 18 Aisquith St.

Remarks

28837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 9th 1879
4. *Place of Birth (Street and Number)* No. 31 Neighbor St. Balto. Md.
5. *Full Name of Mother* Rosetta Heath
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation* "
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Scharlotta Tolton

Address No. 38 Forest St. Balto

Remarks Since child rather [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28838

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9 January 1879
4. *Place of Birth (Street and Number)* 35 Caroline St
5. *Full Name of Mother* Virginia Lehnack
6. *Mother's Maiden Name* Weir
7. *Mother's Birthplace* U S
8. *Full Name of Father* William Lehnack
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cusen

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
13
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9 January 1879
4. *Place of Birth (Street and Number)* 26 Front St
5. *Full Name of Mother* Mary Trumbell
6. *Mother's Maiden Name* Born
7. *Mother's Birthplace* M D
8. *Full Name of Father* William Trumbell
9. *Father's Occupation* Printing Agent
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Cooper

Address 82 E. Trumbull St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 9th 1879
4. Place of Birth (Street and Number) No 178 S Broadway
5. Full Name of Mother Louise C Geyer
6. Mother's Maiden Name " " Lynch
7. Mother's Birthplace City
8. Full Name of Father Wm C Geyer
9. Father's Occupation Clerk
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 28841

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) U

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Jan. 9' 1879
4. *Place of Birth (Street and Number)* Maternity Hospital
5. *Full Name of Mother* Maggie Hess
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* N. York
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Physician

Address Maternity Hospital

Remarks Labor natural Vx — R. O. A. Child asphyxiated but resuscitated — now both are doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28842

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Balto Jan 12 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 4 1879
4. *Place of Birth (Street and Number)* 266 Register Street
5. *Full Name of Mother* Katie Strohecker
6. *Mother's Maiden Name* Katie Schmoke
7. *Mother's Birthplace* America
8. *Full Name of Father* John Strohecker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smith

Address 12 South Wolfe St

Remarks —

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

RETURN OF A BIRTH.

2 5 8 1 3

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 9th 1879
4. *Place of Birth (Street and Number)* No 324 Madison st
5. *Full Name of Mother* Rebecca Foote
6. *Mother's Maiden Name* Rebecca Stansbury
7. *Mother's Birthplace* Boston Baltimore
8. *Full Name of Father* George Foote
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Portland

Name of Medical Attendant, or other Person who makes this return. Dena Hillegeist

Address No. 182 E. Monument st.

Remarks 1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

288444

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	
3. Date of Birth	Janry. 9. 1879.
4. Place of Birth (Street and Number)	Eager St. extended.
5. Full Name of Mother	Mary J. Houck.
6. Mother's Maiden Name	Baker
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Lloyd E. Houck.
9. Father's Occupation	Brickmaker.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	E. C. Gordon, M. D.
Address	311 N. Broadway
Remarks	

28845

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 9th 1879
4. Place of Birth (Street and Number)	316 Alice Anna Str.
5. Full Name of Mother	E. Y. McGeary
6. Mother's Maiden Name	Eliz Yates.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	O McGeary
9. Father's Occupation	Laborer.
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	# 171 S Washington Str.
Remarks	F.P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28546

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	H. C
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 9. 1879
4. Place of Birth (Street and Number)	336 Pratt str.
5. Full Name of Mother	Margaretha Bell
6. Mother's Maiden Name	Bontzy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johann Bell
9. Father's Occupation	Werkzeugmacher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Joh. Baumach
Address	South Wolfe str No 28
Remarks	Landwife

28849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth 9th of January.
4. Place of Birth (Street and Number) Falls road.
5. Full Name of Mother Bridget ~~Catherine~~ January.
6. Mother's Maiden Name Catherel
7. Mother's Birthplace Ireland.
8. Full Name of Father William January.
9. Father's Occupation Stone-cutter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

Street Recorder, Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* Nov the 9.18.79
4. *Place of Birth (Street and Number)* 168 mulberry St Baltimore md
5. *Full Name of Mother*
6. *Mother's Maiden Name* Jane Frazer
7. *Mother's Birthplace* Baltimore County md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lutinda Woolford

Address 130 Eagle St Baltimore md

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelth 12

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Collord
3. Date of Birth January th 20. 1878
4. Place of Birth (Street and Number) Parry St No 28
5. Full Name of Mother Mary Matilda Larkins
6. Mother's Maiden Name Mary Matilda Barnes
7. Mother's Birthplace Baltimore City
8. Full Name of Father James H. Larkins
9. Father's Occupation Barber
10. Father's Birthplace Bato City

Name of Medical Attendant, or other Person who makes this Return. Mr Rachel Dorram

Address No 122 Henrietta St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 of January 1879
4. *Place of Birth (Street and Number)* 89 Cambridge st
5. *Full Name of Mother* Carolina Uhrig
6. *Mother's Maiden Name* Carolina Myer
7. *Mother's Birthplace* Reinerlecke Germany
8. *Full Name of Father* Michel Uhrig
9. *Father's Occupation* Driver
10. *Father's Birthplace* Willers Dist Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

28857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 15 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the. 10, 1879.
4. *Place of Birth (Street and Number)* ~~Shakespeare St.~~ No. 21. Shakespeare St.
5. *Full Name of Mother* Wilhelmine Brandes
6. *Mother's Maiden Name* Wilhelmine Weinecke
7. *Mother's Birthplace* Grosdeetke. K. Preussen. Germany
8. *Full Name of Father* Heinrich Brandes
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kleindeetke K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	" Sixth
1. Sex (state whether Male or Female)	" Female
2. Race or Color (if not of the white race)	" White
3. Date of Birth	" January 10th 1879.
4. Place of Birth (Street and Number)	" 233 east Biddle St.
5. Full Name of Mother	" Anna Rebecca Norman
6. Mother's Maiden Name	" Anna Rebecca Boyd
7. Mother's Birthplace	Baltimore
8. Full Name of Father	" Joseph Norman
9. Father's Occupation	" House Painter
10. Father's Birthplace	Charles County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Bowden
Address	336 Magnolia st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth January 10th 1879

4. Place of Birth (Street and Number) 27 N. Stricker St

5. Full Name of Mother Hannah Rosenthal

6. Mother's Maiden Name Hannah Goldstein

7. Mother's Birthplace Balto

8. Full Name of Father Harry Rosenthal

9. Father's Occupation Salesman

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Sarah [illegible]

Address No 29 Arisquith St

Remarks

28854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan. 10
4. Place of Birth (Street and Number)	33d N Franklin St.
5. Full Name of Mother	Sarah Smith
6. Mother's Maiden Name	—
7. Mother's Birthplace	Virginia
8. Full Name of Father	Saml. Smith
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	257 Mad. Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 19
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 January
4. *Place of Birth (Street and Number)* 26 Barnes Str
5. *Full Name of Mother* Josefiene Simek
6. *Mother's Maiden Name* " Porles
7. *Mother's Birthplace* Domamisel Bohemia
8. *Full Name of Father* Josef Simek
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hajek Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad
Address 20 Barnes Str

Remarks

28856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 10th 1879
4. *Place of Birth (Street and Number)* 154 East St
5. *Full Name of Mother* Louisa Smith
6. *Mother's Maiden Name* Louisa Shafer
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Joseph Smith
9. *Father's Occupation* Queens Ware Packer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 10th 1879
4. *Place of Birth (Street and Number)* 345 Eastern Ave
5. *Full Name of Mother* Catherine Auffart
6. *Mother's Maiden Name* " Elkert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Auffart
9. *Father's Occupation* Driver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bets

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 10 1879
4. *Place of Birth (Street and Number)* 17 Burk st
5. *Full Name of Moth*[redacted] Elizabeth a horney
6. *Mother's Maiden Name* Elizabeth a burns
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel E horney
9. *Father's Occupation* ship carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return mary conner 158

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28859

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sir Child

1. Sex (state whether Male or Female) A Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16th of January 1879

4. Place of Birth (Street and Number) 25 South Register St

5. Full Name of Mother Kathrin Bach

6. Mother's Maiden Name Kathrin Command

7. Mother's Birthplace Irland

8. Full Name of Father Jno Command

9. Father's Occupation Labor man

10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chapel St p Jno Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28860

HEALTH DEPARTMENT
JAN 13 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 10th 1879
4. *Place of Birth (Street and Number)* 56 Hill St. Baltimore city
5. *Full Name of Mother* Annie S. Fischer
6. *Mother's Maiden Name* " " L. Warner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. L. Fischer
9. *Father's Occupation* Blacksmith & Whelwright
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 10th 1879
4. *Place of Birth (Street and Number)* No 194 W. Pombard (R)
5. *Full Name of Mother* Laura J. Williams
6. *Mother's Maiden Name* " " Mitchell
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Chas F Williams
9. *Father's Occupation* Drug Clerk
10. *Father's Birthplace* York Penn

Name of Medical Attendant, or other Person who makes this Return. Jos. D. Blake Md

Address 1[illegible] Jeff[illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 1879
4. *Place of Birth (Street and Number)* No 21, O Donnell st Canton
5. *Full Name of Mother* Ann Reimmen
6. *Mother's Maiden Name* Ann Hentze
7. *Mother's Birthplace* Saxon Germany
8. *Full Name of Father* Andrew Reimmen
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Denmark

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullens

Address 104 Bailey st Canton

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28863

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Negro
3. *Date of Birth*	Jany 10. 1879
4. *Place of Birth (Street and Number)*	105 Conway
5. *Full Name of Mother*	Mary Hill
6. *Mother's Maiden Name*	Anderson
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Hill
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Dan F. Gamble M.D.
Address	158 S Paca
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person who shall neglect to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2 8 8 6 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* Jen the 10 1879
4. *Place of Birth (Street and Number)* 604 dunkins st Baltimore md
5. *Full Name of Mother*
6. *Mother's Maiden Name* Rachel ann Coleman
7. *Mother's Birthplace* dorchester County md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Register St Baltimore md

Remarks

RETURN OF A BIRTH.

28865

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1879
4. Place of Birth (Street and Number)	1 Eagar near Cathedral
5. Full Name of Mother	Mary C Gamble
6. Mother's Maiden Name	~~Ireland~~ Mary Carrigan
7. Mother's Birthplace	~~Charles Gamble~~ Ireland
8. Full Name of Father	Carpenter Charles Gamble
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	C P Gamble M.D
Remarks	106 Cathedral St

28866

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 10th
4. Place of Birth (Street and Number)	6 West Baltimore St
5. Full Name of Mother	Minnie Wederhake
6. Mother's Maiden Name	Minnie Heise
7. Mother's Birthplace	Baltimore M.D
8. Full Name of Father	Henry Wederhake
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore M.D.
Name of Medical Attendant, or other Person who makes this Return.	Barber Reiß Gebamme
Address	No 26. N Friedrichsstrasse
Remarks	Baltimore M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28867

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth the tenth of January
4. Place of Birth (Street and Number) Baskin st No 46
5. Full Name of Mother Mis Carrie ~~Wise~~ Behmert
6. Mother's Maiden Name Carrie ~~Behmert~~ Wise
7. Mother's Birthplace Catonville County
8. Full Name of Father ~~[illegible]~~ ~~Wise~~ Charles Behmert
9. Father's Occupation House painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mis Seebrich

Address No 439 West Pratt street

Remarks

28868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th Jan
4. *Place of Birth (Street and Number)* Baltimore Cor Hollins and Schroeder 141
5. *Full Name of Mother* Annie Lämmrich
6. *Mother's Maiden Name* Louisa Albrecht.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. C. Kothe
9. *Father's Occupation* Confectionary
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Skathrine Seeback

Address No 439 West Pratt Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, is [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1st

28869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	# Saturday, Jan 11th, 1879
4. Place of Birth (Street and Number)	# 471 Aisquith St.
5. Full Name of Mother	Josephine Wellmore
6. Mother's Maiden Name	Josephine Marr
7. Mother's Birthplace	# Baltimore
8. Full Name of Father	Edward Wellmore
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address	No 25½ Greenmount Ave
Remarks	"Vertex Presentation"

This is to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th of January 1879
4. *Place of Birth (Street and Number)* No 14 Penn St Baltimore Md
5. *Full Name of Mother* Kuni Albert
6. *Mother's Maiden Name* Kuni Fischer
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Charles Albert
9. *Father's Occupation* Porter, for Frank & Adler
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks Katherine Münch 98 Leadenhall St

That any physician, accoucheur, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28571

HEALTH DEPARTMENT
NO.
20
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* boy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 11 January
4. *Place of Birth (Street and Number)* 97 Leadenhall Str
5. *Full Name of Mother* Sofe Shroeder
6. *Mother's Maiden Name* Sofe Oetzel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* frank Shroeder
9. *Father's Occupation* cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Rudolphine Münch

Address 98 Leadenhall Street

Remarks Katherine Münch x Leadenhall St

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28879

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 11 d 1879
4. *Place of Birth (Street and Number)* 45 Bank str.
5. *Full Name of Mother* Lizie Jane
6. *Mother's Maiden Name* Sister
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Konrat Jane
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. H. R. Rudiger

Address 137 x Bond str.

Remarks

28873

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Januar 11 d. 1879
4. *Place of Birth (Street and Number)* 193 N. Karoleinstr.
5. *Full Name of Mother* Lotte Schley
6. *Mother's Maiden Name* L. Burkart
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Georg Schley
9. *Father's Occupation* Wurken man
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rüdiger

Address 154 N. Bondstr.

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28874

HEALTH DEPARTMENT
JAN 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 11 d. 1879
4. *Place of Birth (Street and Number)* 348 N Turham Str.
5. *Full Name of Mother* Margret Schampnes
6. *Mother's Maiden Name* Margret Zingand
7. *Mother's Birthplace* " Baltimor
8. *Full Name of Father* Georg Schampnes
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond Str.

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W. [illegible]
3. Date of Birth	Jan 11th 1879
4. Place of Birth (Street and Number)	Cl. 562 Light st
5. Full Name of Mother	Emma Heslin
6. Mother's Maiden Name	Emma C Marchal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Heslin
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine Horner
Address	Cl. 10 E Wash. st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	F
2. *Race or Color (if not of the white race)*	W.
3. *Date of Birth*	Jan 11. 79
4. *Place of Birth (Street and Number)*	167 E Balt St.
5. *Full Name of Mother*	Maggie
6. *Mother's Maiden Name*	Bunyan
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Jno Lentz
9. *Father's Occupation*	Brother
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return	H. F. Reynolds
Address	186 Augusta St
Remarks	

RETURN OF A BIRTH.

28877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~male or female~~)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January the 11 1879.
4. *Place of Birth (Street and Number)* N. Dallas St. No 2
5. *Full Name of Mother* Sarah Briscoe
6. *Mother's Maiden Name* Sarah Jones
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Briscoe
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26

Remarks

28878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 dis Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the. 11. 1879.
4. *Place of Birth (Street and Number)* N. Bond St. No. 106.
5. *Full Name of Mother* Martha C. Horn
6. *Mother's Maiden Name* Martha C. Hamilton
7. *Mother's Birthplace* Philadelphia St. Pensilvania United
8. *Full Name of Father* Johannes Horn
9. *Father's Occupation* ~~Balt~~ Backer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 11 1879
4. *Place of Birth (Street and Number)* 11 alicean na St
5. *Full Name of Mother* margeret eualt
6. *Mother's Maiden Name* margeret holloman
7. *Mother's Birthplace* baltimorer city
8. *Full Name of Father* louis eualt
9. *Father's Occupation* can mker
10. *Father's Birthplace* baltimorer city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 aliceanna st

Remarks

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	11th Jan 1879
4. Place of Birth (Street and Number)	71 Camden st
5. Full Name of Mother	Lina Koehn
6. Mother's Maiden Name	Lina Mueller
7. Mother's Birthplace	Germany
8. Full Name of Father	August Koehn
9. Father's Occupation	Cigar store keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. A. Feldmeier M D
Address	120 Paca st.
Remarks	

28881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Dora Female
2. Race or Color (if not of the white race)	do 1/19/n White
3. Date of Birth	11 January
4. Place of Birth (Street and Number)	Lemmard Street 46
5. Full Name of Mother	Sophia King
6. Mother's Maiden Name	Sophia Body
7. Mother's Birthplace	Germany
8. Full Name of Father	Jack King
9. Father's Occupation	Cooper
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Margret Ellel
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col^d
3. *Date of Birth* 11th Jany 79
4. *Place of Birth (Street and Number)* 98 Gough St
5. *Full Name of Mother* Sophia Myers
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* ——
9. *Father's Occupation* ——
10. *Father's Birthplace* ——

Name of Medical Attendant, or other Person who makes this Return. Leo. Walker

Address 178 S. Dallas St.

Remarks

28883

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether male or female)* Y
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 January 1878
4. *Place of Birth (Street and Number)* Baltimore Albert St N
5. *Full Name of Mother* Mary Shaka
6. *Mother's Maiden Name* Mary Mashek
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Mister Mashek
9. *Father's Occupation* Labber
10. *Father's Birthplace* Bohemian Mary Ruptish

Name of Medical Attendant, or other Person who makes this Return. 67 Wilhanton St

Address Ba

Remarks

Scripta. Scripta

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 January 1879
4. *Place of Birth (Street and Number)* 3 corner Concord & Lombard
5. *Full Name of Mother* Sophie Jack
6. *Mother's Maiden Name* Kraus
7. *Mother's Birthplace* U S
8. *Full Name of Father* Fred Jack
9. *Father's Occupation* Tavernkeeper
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper

Address 52 E Lombard St

Remarks

28883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 January 79
4. *Place of Birth (Street and Number)* 118 Canal St
5. *Full Name of Mother* Bridget Donahue
6. *Mother's Maiden Name* Kilpin
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Donahue
9. *Father's Occupation* Weaving
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Conner

Address 52 E Lombard St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28886

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	11 January
4. *Place of Birth (Street and Number)*	No 111 South Caroline St
5. *Full Name of Mother*	Ellen Slone
6. *Mother's Maiden Name*	Ellen Johnson
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Slone
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return,	Mrs Eliza Fleming
Address	No 95 Albemarle St
Remarks	Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 11th 1879
4. *Place of Birth (Street and Number)* No 216 Eagle st
5. *Full Name of Mother* Anna Schmuck
6. *Mother's Maiden Name* Anna Müller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas Schmuck
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas Hillgeist

Address No 181 E ~~Monument~~ Monument

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 11 1879
4. *Place of Birth (Street and Number)*	6 Bourough st
5. *Full Name of Mother*	L Roten
6. *Mother's Maiden Name*	Louisa Ruth
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm Roten
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5 6 7

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 11. 1879

4. Place of Birth (Street and Number) South Wolfstr 44

5. Full Name of Mother Fenne Acker

6. Mother's Maiden Name Vegatna

7. Mother's Birthplace Krakuf Oestreich

8. Full Name of Father Uatan Acker

9. Father's Occupation Bottenholmaker

10. Father's Birthplace Lemberg Galizien Oestreich

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address South Wolfstr No 28

Remarks Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 11. 1879
4. *Place of Birth (Street and Number)* O. Prattstr 303
5. *Full Name of Mother* Anna Wallie
6. *Mother's Maiden Name* Korbe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Wallie
9. *Father's Occupation* Grebittitscher
10. *Father's Birthplace* Balt. Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Baupach.

Address South Wolfstr 28

Remarks Midwife

28891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 27 1879
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11 day of Jan. 1879
4. *Place of Birth* (Street and Number) No 82 S. Castle St
5. *Full Name of Mother* Augusta Siegmund
6. *Mother's Maiden Name* " Jüdler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. J. Siegmund
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address 165 S. Chester st

Remarks

28892

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 11th January 1879
4. *Place of Birth (Street and Number)* No ~~13~~ 53 Harrison str.
5. *Full Name of Mother* Anna Glickmann
6. *Mother's Maiden Name* " Champire.
7. *Mother's Birthplace* Russia
8. *Full Name of Father* Louis Glickmann
9. *Father's Occupation* Pedler
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein

Address 113 E. Lombard str.

Remarks no Remarks.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Col'd
3. *Date of Birth* 12th January 79
4. *Place of Birth (Street and Number)* 71. S. Dallas St. [illegible]
5. *Full Name of Mother* Jane Anderson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Snowhill Worcester Co Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 69 S. Dallas St.

Remarks

RETURN OF A BIRTH.

288911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child born

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 of January 1879
4. *Place of Birth (Street and Number)* No. 220 William St.
5. *Full Name of Mother* Theresea Dauer
6. *Mother's Maiden Name* Theresa Denkel
7. *Mother's Birthplace* Bayern Germanie
8. *Full Name of Father* Xaver Dauer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bayern Germanie

Name of Medical Attendant, or other Person who makes this Return. Helena Grisbaker

Address No. 128 West St.

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth January 12 1879
4. Place of Birth (Street and Number) Parrish Ave
5. Full Name of Mother Mary Palmer
6. Mother's Maiden Name Mary Keller
7. Mother's Birthplace Baltimore City
8. Full Name of Father Alexander Palmer
9. Father's Occupation Fireman When accepted Lieutenant Fireman
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Emily Coleman

Address 625 Pratt St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d. 1

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) ~
3. Date of Birth January 12th 1879.
4. Place of Birth (Street and Number) Johnson Street No 168.
5. Full Name of Mother Emily Dreoge
6. Mother's Maiden Name Emily Smith
7. Mother's Birthplace Virginia
8. Full Name of Father Frank Dreoge
9. Father's Occupation Spinner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Braune

Address 114 Eutaw St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 12th day of January
4. *Place of Birth (Street and Number)* Hanover Str. N.E. 256
5. *Full Name of Mother* Wellemena Westphal
6. *Mother's Maiden Name* " Gundermann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Aug. Westphal
9. *Father's Occupation* Coppersmith
10. *Father's Birthplace* " Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Strit

Remarks Katherina Münch 98 Leadenhall St

RETURN OF A BIRTH.

28898

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday January 12th 1879
4. *Place of Birth (Street and Number)* No. 62 N. Amity St
5. *Full Name of Mother* Mary A. Jordan
6. *Mother's Maiden Name* Mary A. Preston
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William George Jordan
9. *Father's Occupation* Peanut Vendor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs [illegible]

Address No 60 N. Schroder St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	16
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jany 12th 1879
4. Place of Birth (Street and Number)	41 Douglas St
5. Full Name of Mother	Hannah Wilmore
6. Mother's Maiden Name	Hannah Johnson
7. Mother's Birthplace	Balto
8. Full Name of Father	Perry Wilmore
9. Father's Occupation	Bridgman
10. Father's Birthplace	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	Saml J. Powell MD
Address	No 29 Arsquith St
Remarks	

28900

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th January 1879
4. *Place of Birth (Street and Number)* 169 N. Eutaw St
5. *Full Name of Mother* Margaret Jane Hunter
6. *Mother's Maiden Name* Margaret Jane Scott
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Andrew Hunter
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. J. Howard

Address 161 Mad. St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex (state whether Male or Female)* Second
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 12 - 1879
4. *Place of Birth (Street and Number)* No 121 E Pratt St
5. *Full Name of Mother* Alice E. Jennett
6. *Mother's Maiden Name* Alice E. Fields
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wallace B Jannett
9. *Father's Occupation* Mariner
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh St

Remarks

28902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 January 1879
4. *Place of Birth (Street and Number)* 236 Madison St
5. *Full Name of Mother* Bertha Mead
6. *Mother's Maiden Name* Iass
7. *Mother's Birthplace* U S
8. *Full Name of Father* William Mead
9. *Father's Occupation* Clerk
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Paul Grayer

Address 52 E Lombard St

Remarks

28903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* January 12th 1879
4. *Place of Birth (Street and Number)* Central avenue 37
5. *Full Name of Mother* Magenethe Greis
6. *Mother's Maiden Name* " Meith
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Adam Greis
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 48 Holland St

Remarks

RETURN OF A BIRTH.

28904

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 12th
4. *Place of Birth (Street and Number)* No 68 N. Ann st
5. *Full Name of Mother* Mary A. Daley
6. *Mother's Maiden Name* Mary A. Foxwell
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Thos Daley
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. John J Conner

Address 14 Augusta st.

Remarks

RETURN OF A BIRTH.

28915

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12th 1879
4. *Place of Birth (Street and Number)* No 16 Wilcox st
5. *Full Name of Mother* Mary Bernard
6. *Mother's Maiden Name* Mary Meara
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bernard
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Alena Hillegeist

Address No 182 E. Monument st

Remarks

28906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 12th 1879
4. Place of Birth (Street and Number) No 51 Alice Anna st
5. Full Name of Mother Kate Wolenski
6. Mother's Maiden Name .. Pelz
7. Mother's Birthplace West Prussia
8. Full Name of Father Ignatz Wolenski
9. Father's Occupation Shoemaker
10. Father's Birthplace West Prussia

Name of Medical Attendant, or other Person who makes this Return. Theresia Wenzl - Midwife

Address No 248 Bond st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	January 12th 1879
4. *Place of Birth (Street and Number)*	57 Aisquith st
5. *Full Name of Mother*	Lizzie Schriver
6. *Mother's Maiden Name*	" Riley
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Richard Schriver
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this return	Pierre George Dau
Address	27 N. Broadway
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH.

25908

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 January
4. Place of Birth (Street and Number)	82 Mc Henry St
5. Full Name of Mother	Rebecca Fallon
6. Mother's Maiden Name	Paterson
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Daniel Fallon
9. Father's Occupation	Sales man
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisner
Address	No 1 Forrest Place
Remarks	

RETURN OF A BIRTH.

28909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 1
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12. 1879
4. *Place of Birth (Street and Number)* 137 Hamburg St Baltimore
5. *Full Name of Mother* Sarah Hudson
6. *Mother's Maiden Name* Sarah Abbott
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father* Edwin Hudson
9. *Father's Occupation* Boiler Makers
10. *Father's Birthplace* Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Rash

Address

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 12 January 1879
4. *Place of Birth (Street and Number)* #2 Lawn Street
5. *Full Name of Mother* Harriett Ann Cooper
6. *Mother's Maiden Name* Harriett Ann Smith
7. *Mother's Birthplace* Anarundel County
8. *Full Name of Father* James Cook
9. *Father's Occupation* Labor
10. *Father's Birthplace* Anarundel Co.

Name of Medical Attendant, or other Person who makes this Return. Routh Williams

Address No 70 Chestnut Street

Remarks Mother and Child doing well.

Coun

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within the days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 12th 6 A. M. Sic 1879
4. Place of Birth (Street and Number) 107 S. Chester
5. Full Name of Mother Sarah Rebecca Deitz
6. Mother's Maiden Name S. R. Miller
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry Deitz
9. Father's Occupation P
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Emmitt M.D.

Address 299 E. Baltimore Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* one female
2. *Race or Color (if not of the white race)* colod
3. *Date of Birth* 12 jen
4. *Place of Birth (Street and Number)* hamburd st 225
5. *Full Name of Mother* dola mason
6. *Mother's Maiden Name*
7. *Mother's Birthplace* sumer ett county
8. *Full Name of Father* frank mason
9. *Father's Occupation* goan mill
10. *Father's Birthplace* sumer ett county

Name of Medical Attendant, or other Person who makes this Return.

Address No 26 good moral

Remarks susan battle

28913

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th January 1879
4. *Place of Birth (Street and Number)* 182 E Pratt st
5. *Full Name of Mother* Maria Ricketts
6. *Mother's Maiden Name* Deuchsmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo Ricketts
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

2 8911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colorde
3. Date of Birth	Jan 13
4. Place of Birth (Street and Number)	3 Hart st
5. Full Name of Mother	mary Jones
6. Mother's Maiden Name	mary Wrile
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Jones
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore co
Name of Medical Attendant, or other Person who makes this Return.	mrs Leas Johnson
Address	no 32 Hart st
Remarks	healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Januar 13 d 1879
4. *Place of Birth (Street and Number)* 64 Mettemans St.
5. *Full Name of Mother* Madilla Schroeter
6. *Mother's Maiden Name* Madilla Eting
7. *Mother's Birthplace* German
8. *Full Name of Father* Ernst Schroeter
9. *Father's Occupation* Maschinist
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Mar. R. Rudiger

Address 134 N. Bondstr.

Remarks

RETURN OF A BIRTH.

28916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 January
4. *Place of Birth (Street and Number)* 1211 South Broadway
5. *Full Name of Mother* Julie Grassmeck
6. *Mother's Maiden Name* Hermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Grassmeck
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 28917

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 13 th 1879
4. *Place of Birth (Street and Number)* 14 Clement st
5. *Full Name of Mother* Ellen Mc. Key
6. *Mother's Maiden Name* Herdekin
7. *Mother's Birthplace* America
8. *Full Name of Father* Thomas Mc Key
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Irelandl

Name of Medical Attendant, or other Person who makes this Return. J. Schwaar midwife

Address 330 Hanover st

Remarks

at the birth of any child, within the City of Baltimore, shall report the same thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the forth Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)* Saritoya Street 125
5. *Full Name of Mother* Helena Keichner
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Wittenberg
8. *Full Name of Father* Charles G Schroepfer
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Powhattan

Name of Medical Attendant, or other Person who makes this Return.

Address Ann Quinley Ct Lehrater

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28919

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 13th 1879

4. Place of Birth (Street and Number) # 106 Jackson Sq. Ave.

5. Full Name of Mother Mr. Mr. Tegges.

6. Mother's Maiden Name Maggie Müller.

7. Mother's Birthplace Balto.

8. Full Name of Father Nicholas Tegges.

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms.

Address # 171 S Washington Str.

Remarks F.P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28920

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 12 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male Fouth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Jan 13th
4. Place of Birth (Street and Number) Baltimore West st No 184
5. Full Name of Mother Julie Jonson
6. Mother's Maiden Name " King
7. Mother's Birthplace Kent Island
8. Full Name of Father Eric Jonson
9. Father's Occupation Dredger
10. Father's Birthplace Kent Island

Name of Medical Attendant, or other Person who makes this Return. Annline Wilson

Address 385 Cross street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th of Jan 1879
4. Place of Birth (Street and Number)	68 Castle St.
5. Full Name of Mother	L. Barranger
6. Mother's Maiden Name	L. Meekle
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Louis Barranger
9. Father's Occupation	Horse Dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Walter
Address	126 N. Caroline
Remarks	Baltimore City

RETURN OF A BIRTH.

2992

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 13th 1879
4. *Place of Birth (Street and Number)* 217 Raburg st
5. *Full Name of Mother* Mary Erckles
6. *Mother's Maiden Name* Mary Powers
7. *Mother's Birthplace* Norfolk va
8. *Full Name of Father* Albert Erckles
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Pettersburg va

Name of Medical Attendant, or other Person who makes this Return. ~~Chollet~~ Cholet Proctor

Address No 10 Carlton st

Remarks

28923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col'd
3. *Date of Birth* 15th Jany 79
4. *Place of Birth (Street and Number)* 180. Eastern Ave
5. *Full Name of Mother* Francis Brown
6. *Mother's Maiden Name* Frances Curry
7. *Mother's Birthplace* Anna Arundel Co.
8. *Full Name of Father* Edward Brown
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Leo Walker

Address 98 S Gallows St

Remarks

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28924

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 1879 BALTIMORE

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13th 1879
4. Place of Birth (Street and Number)	607 Monument and Britton Sts
5. Full Name of Mother	Annie Hauskneckt
6. Mother's Maiden Name	Annie Grisch
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Frank Hauskneckt
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. E. Whiteford M. D.
Address	195 Aisquith Street
Remarks	Physical condition good Labor natural

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6E

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) color
3. Date of Birth ~~for~~ January 25
4. Place of Birth (Street and Number) No 1E Jordon alley
5. Full Name of Mother amnder cornihs
6. Mother's Maiden Name amnder felton
7. Mother's Birthplace Este Shor
8. Full Name of Father Sanel felton
9. Father's Occupation hard caeker
10. Father's Birthplace Norht, dalinea

Name of Medical Attendant, or other Person who makes this Return. Lucy cornihse

Address No 1E Jordone alley

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) one male
2. Race or Color (if not of the white race) colord
3. Date of Birth 13 jan 1879
4. Place of Birth (Street and Number) croosst 238
5. Full Name of Mother ellen james
6. Mother's Maiden Name ellen cooper
7. Mother's Birthplace summer st. conty
8. Full Name of Father emson james
9. Father's Occupation oysters
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address No 86 good man

Remarks susan luttler

28927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4 C

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Jan. 13 1879
4. Place of Birth (Street and Number) Themisstr No 49
5. Full Name of Mother Rose Muller
6. Mother's Maiden Name Katzendorfer
7. Mother's Birthplace Eckersheim Bavaria
8. Full Name of Father Johann Muller
9. Father's Occupation Wortworker
10. Father's Birthplace Hefen Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh Raupach

Address South Wolfstr No 28

Remarks Midwife

advise at the birth of any child, within the City of Baltimore, and [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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28928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colter
3. *Date of Birth* 13 Jan 1879
4. *Place of Birth (Street and Number)* 44 Meldora Ste
5. *Full Name of Mother*
6. *Mother's Maiden Name* Sarah Johnson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Pratt William

Address No 70 Chestnut Ste

Remarks Mother and Child obt William

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

28929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 7 13th 1879
4. Place of Birth (Street and Number) 25 North Paca St
5. Full Name of Mother Mary Jane Clarson
6. Mother's Maiden Name — — — Van Alstine
7. Mother's Birthplace Kenosha ~~[illegible]~~ Wisconsin
8. Full Name of Father James Willis Clarson
9. Father's Occupation Hardware Dealer
10. Father's Birthplace Staffordshire England

Name of Medical Attendant, or other Person who makes this Return. Wm D F Sankin M D

Address No 782 W Paall St.

Remarks Natural Parturition.

28930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January. 13th
4. Place of Birth (Street and Number) Marked Space No. 46.
5. Full Name of Mother Maria Ricco.
6. Mother's Maiden Name Maria Pisani
7. Mother's Birthplace Italy.
8. Full Name of Father Antoni Ricco
9. Father's Occupation Fruit Stand
10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this Return. Herbert Reiß Hebamme

Address No. 26. N. Frederick Street

Remarks Baltimore Md.

advise at the birth of any child, within the city of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28931

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 13, 1878
4. *Place of Birth (Street and Number)* No 24 S. Spring Street
5. *Full Name of Mother* Mrs Annie Laydes
6. *Mother's Maiden Name* Miss Annie Wildey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Laydes
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. H. W. White, M.D.

Address No 341 N. Broadway

Remarks

advise at the birth of any child, within the City of Baltimore, shall report ... *within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28932

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male Healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 13th of January 1879
4. *Place of Birth (Street and Number)* No 894 West Pratt St.
5. *Full Name of Mother* Mrs. Smith
6. *Mother's Maiden Name* Kate Riehl
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Barny Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in this City of Balto.

Name of Medical Attendant, or other Person who makes this return Mrs Miller

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 13 1879
4. *Place of Birth (Street and Number)* 103 Dunkin alley
5. *Full Name of Mother* Sarah J. alley
6. *Mother's Maiden Name* Sarah J. Sunderland
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Beverly Vaugh Sunderland
9. *Father's Occupation* Ship carpenter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28934

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 13th of Jan. 1879
4. Place of Birth (Street and Number) 136 S. Paca st
5. Full Name of Mother Maria Klein
6. Mother's Maiden Name Maria Nicol
7. Mother's Birthplace Minden (Germany)
8. Full Name of Father Jacob Klein
9. Father's Occupation Tinner
10. Father's Birthplace Marburg (Germany)

Name of Medical Attendant, or other Person who makes this Return. R. W. Heldmann M.D.

Address 120 Pearl st. Baltimore

Remarks

28935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	sixth.
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13th 79.
4. Place of Birth (Street and Number)	123 N. Paca Sta
5. Full Name of Mother	Margret Maria Kitzmeyer
6. Mother's Maiden Name	" " Spicker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John W. Kitzmeyer
9. Father's Occupation	Boot & Shoe (cutter)
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Anne Dumlu 60 Schroter St

at the birth of any child, within the city, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13. January 79
4. *Place of Birth (Street and Number)* 416 W. Fayette St
5. *Full Name of Mother* Elise Schmidt.
6. *Mother's Maiden Name* Elise Mihm
7. *Mother's Birthplace* J Garmene.
8. *Full Name of Father* Peter Schmidt
9. *Father's Occupation* Baker
10. *Father's Birthplace* Garmene.

Name of Medical Attendant, or other Person who makes this Return.

Address Ann Dunn 60 Shroter

Remarks

at the birth of any child, within the city, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 of January 1879
4. *Place of Birth (Street and Number)* Gutmans Ally No. 91
5. *Full Name of Mother* Josephina Gottsleben
6. *Mother's Maiden Name* Josephina Rippberger
7. *Mother's Birthplace* Newyork
8. *Full Name of Father* Joseph Gottsleben
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Germania Kurhassen

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No. 128 West St Baltimore Md.

Remarks

thereafter, stating ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colorde
3. Date of Birth	jan 14
4. Place of Birth (Street and Number)	15 start st
5. Full Name of Mother	sarah gant
6. Mother's Maiden Name	sarah Gulbard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	frances gant
9. Father's Occupation	labor
10. Father's Birthplace	virginia
Name of Medical Attendant, or other Person who makes this Return.	mrs lear fatman
Address	no 32 start st
Remarks	healthy child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan. 14th 1879
4. *Place of Birth (Street and Number)*	Maternite Hospitale
5. *Full Name of Mother*	Kate Hacker
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Mr. Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. House Phys.
Address	Maternite Hospitale
Remarks	Mother and child doing well

at the birth of any child, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 14th 1879
4. Place of Birth (Street and Number)	Cor Mt Elderry & Eden St
5. Full Name of Mother	Mary Ophelia Fenimore
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Chas Mc Sabine Denmark
9. Father's Occupation	Pharmacist
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stein, M.D.
Address	195 N. Eden St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 January
4. *Place of Birth (Street and Number)* 207 Allemarle St
5. *Full Name of Mother* Mary Dowling
6. *Mother's Maiden Name* Mary Connely
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Dowling
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Fleming

Address 95 Allemarle St.

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

289421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

Jan 14 1879

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Jan 14 1879
4. Place of Birth (Street and Number)	No 19 Peach Alley
5. Full Name of Mother	Sarah E Warner
6. Mother's Maiden Name	Sarah Key
7. Mother's Birthplace	~~Baltimore City Md~~ Baltimore City Md
8. Full Name of Father	Wm " Warner
9. Father's Occupation	work in coal yard
10. Father's Birthplace	Baltimore city Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	midwife Mary J. Dennis No 21 Peach Alley
Remarks	S/e Did not need any medical attendance

RETURN OF A BIRTH.

28943

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth (10th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 14th 1879
4. Place of Birth (Street and Number)	463 Orleans St
5. Full Name of Mother	Caroline Knorr
6. Mother's Maiden Name	Caroline Leech
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry A Knorr
9. Father's Occupation	Rope Maker
10. Father's Birthplace	" Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Harriett A. Glascoe
Address	McElderry Street near Gist St
Remarks	Physical Condition Good

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2864 11

HEALTH DEPARTMENT JAN 16 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 January 1879
4. *Place of Birth (Street and Number)* 108 Hill st
5. *Full Name of Mother* Ida Deering
6. *Mother's Maiden Name* " Bergt
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Henry Deering
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Krob

Address 328 South Eutaw St

Remarks

At the birth of any child hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 14th 1879
4. *Place of Birth (Street and Number)* South W. Cor Washington + Monument Sts.
5. *Full Name of Mother* Mary Eligabeth Ayd.
6. *Mother's Maiden Name* " " Kirchner,
7. *Mother's Birthplace* Baltimore. Md
8. *Full Name of Father* John Ayd.
9. *Father's Occupation* Chemist
10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Jan 14, 79
4. Place of Birth (Street and Number)	212 E. Madison
5. Full Name of Mother	Maggie
6. Mother's Maiden Name	Bell
7. Mother's Birthplace	City
8. Full Name of Father	Geo. Holland
9. Father's Occupation	Bricklayer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	18 Aisquot St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28947

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan. 14
4. *Place of Birth (Street and Number)*	123 Hollins St.
5. *Full Name of Mother*	Sarah J. Richardson
6. *Mother's Maiden Name*	Sarah J. Wirth
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Chas. Richardson
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	A. McAllister
Address	257 Mad Ave.
Remarks	Placenta previa — Child still born

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28948

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* January 14th
4. *Place of Birth (Street and Number)* Baltimore 566 Chine street
5. *Full Name of Mother* Mary Boyer
6. *Mother's Maiden Name* " Jonson
7. *Mother's Birthplace* Va Virginia
8. *Full Name of Father* Bengeman Boyer
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amedine Wilson

Address 988 Cross st

Remarks

28949

HEALTH DEPARTMENT
JAN 21 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th January 1879
4. *Place of Birth (Street and Number)* Baltimore Bond st
5. *Full Name of Mother* Mrs Nelcoski
6. *Mother's Maiden Name* Mary Porter
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Frank Barton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Nurse Gaskins

Address 69 Washington st.

Remarks Baltimore Md

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	January 14th 1879
4. *Place of Birth (Street and Number)*	Castle St 48
5. *Full Name of Mother*	Elisabeth Coller
6. *Mother's Maiden Name*	" Woelfle
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Franke Coller
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Lyrol Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. Wellig
Address	48 Holland St
Remarks	

HEALTH DEPT. FEB 3 1879 BALTIMORE

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28957

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 14th 1879
4. *Place of Birth (Street and Number)*	# 5-7 Penna. Avenue
5. *Full Name of Mother*	Mary Louisa Raab
6. *Mother's Maiden Name*	Simons
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Geo. Washington Raab
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

28952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 14th 1879
4. Place of Birth (Street and Number) 206 E. Balt st
5. Full Name of Mother Ella Von Holtens
6. Mother's Maiden Name Ella Flemmings
7. Mother's Birthplace Balt Md
8. Full Name of Father Wm Von Holtens
9. Father's Occupation Clerk
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. John A. Conner

Address 14 Asquith st.

Remarks

advise at the birth of any child, within the city of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child of [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 14" 1879
4. *Place of Birth (Street and Number)*	No 433 Calhoun St
5. *Full Name of Mother*	Isabella Muse
6. *Mother's Maiden Name*	Isabella Hardist
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	St F Muse
9. *Father's Occupation*	House Carpenter
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	C. Schmitt
Address	
Remarks	No 476 W C

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28954

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th January 1879
4. *Place of Birth (Street and Number)* 235 Easton Avenue
5. *Full Name of Mother* Emma Lorenz
6. *Mother's Maiden Name* Stevenson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Lorenz
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th January 1879
4. *Place of Birth (Street and Number)* 1388. Wolf st
5. *Full Name of Mother* Augusta Schmidt
6. *Mother's Maiden Name* " Bierbrock
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 286 Canton Avenue

Remarks

RETURN OF A BIRTH.

28956

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7

1. *Sex (state whether Male or Female)* Male Color White
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born on the 14th of January 1879
4. *Place of Birth (Street and Number)* No 240 Fawcett St.
5. *Full Name of Mother* Mrs Miller
6. *Mother's Maiden Name* Kate Haerlein
7. *Mother's Birthplace* born in Saxony Germany
8. *Full Name of Father* Wm F Miller
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* born in Saxony Germany

Name of Medical Attendant, or other Person who makes this return Mrs Miller

Address No 54 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

28937

HEALTH DEPARTMENT JAN 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 January
4. *Place of Birth (Street and Number)* 66 Granby St
5. *Full Name of Mother* Lizzie Wolf
6. *Mother's Maiden Name* Petzold
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Spangler Wolf
9. *Father's Occupation* Harness maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth Jan 15
4. Place of Birth (Street and Number) 2 flat iron ally
5. Full Name of Mother lucra hopkins
6. Mother's Maiden Name not married
7. Mother's Birthplace richmond va
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short st

Remarks delicate child

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28959

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 of January 1879
4. *Place of Birth (Street and Number)* No 217 William st
5. *Full Name of Mother* Menne Wolle
6. *Mother's Maiden Name* Menne Roon
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Charle Wolle
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sabena Gerishaber

Address No 128 West St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28960

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 15 January 1879
4. *Place of Birth (Street and Number)* 19 Dover St.
5. *Full Name of Mother* Annie Damma
6. *Mother's Maiden Name* " Hasloff
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* Henry Damma
9. *Father's Occupation* Shoe Cutter (Factory)
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25961

over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 1879 BALTIMORE

Ella May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11c

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) W

3. Date of Birth Jany 15 1879

4. Place of Birth (Street and Number) N. 369 Mulberry st

5. Full Name of Mother Emma Jones

6. Mother's Maiden Name Emma Richardson

7. Mother's Birthplace Balt md

8. Full Name of Father Wm F Jones,

9. Father's Occupation Painter

10. Father's Birthplace Balt md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 33 Franklin st

Remarks Balt

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28962

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 15. 1879
4. *Place of Birth (Street and Number)* Cor amity & Saratoga st
5. *Full Name of Mother* Amelia Kraft
6. *Mother's Maiden Name* Amelia Roberson
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* George Kraft
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Balto md

Name of Medical Attendant, or other Person who makes this Return Wollot Proctor

Address No 10 Carlton st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) th Sixth child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Locust Point
4. Place of Birth (Street and Number) Cor of Cookie and Beacon
5. Full Name of Mother Nate Dust
6. Mother's Maiden Name Nate Bohle
7. Mother's Birthplace Germania
8. Full Name of Father Charles Bohle
9. Father's Occupation Storekeeper
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs Ottel

Address

Remarks

advise at the birth of any child, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28964

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 15 Jan 1879
4. Place of Birth (Street and Number) No 45 Wyeth Ave
5. Full Name of Mother Louisa Boabe
6. Mother's Maiden Name Louisa Whi Wilhelmer
7. Mother's Birthplace Germy
8. Full Name of Father Fred Boabe
9. Father's Occupation Labor
10. Father's Birthplace Germy

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarens

Address Russell St No 90

Remarks

28965

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 Jan 1879
4. *Place of Birth (Street and Number)* Baltimore Alexander st
5. *Full Name of Mother* Frances
6. *Mother's Maiden Name* Shalow
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Shalow
9. *Father's Occupation* Lob bar
10. *Father's Birthplace* Bohemain

Name of Medical Attendant, or other Person who makes this Return. M. Foytis

Address 69 Wilberton st

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

A. Foytis

28966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 15 1879.
4. *Place of Birth (Street and Number)* S. Dallas St. No. 109.
5. *Full Name of Mother* Elisabetha Marquard
6. *Mother's Maiden Name* Elisabetha Kaiser
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Marquard.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hanover. Vs. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28967

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st Child

1. *Sex* (*state whether* ~~male or female~~)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* January the 15, 1879
4. *Place of Birth* (*Street and Number*) S. Eden St No 109.
5. *Full Name of Mother* Mary E. Schweikert
6. *Mother's Maiden Name* Mary E. Müller
7. *Mother's Birthplace* Fraunhagen, Fürst, Waldeck, Germany
8. *Full Name of Father* Robert Schweikert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Stuttgard, K. Wurtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

at the birth of any child, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28968

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 15. Fivieteenth 1879
4. Place of Birth (Street and Number) 83 N 8th Charles St
5. Full Name of Mother Elizia Vaughan
6. Mother's Maiden Name Elizia Higgins
7. Mother's Birthplace Ireland
8. Full Name of Father P. H. Vaughan
9. Father's Occupation Shoe Maker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address # 6 Hamilton St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Jewish
3. Date of Birth January 15th 1879
4. Place of Birth (Street and Number) Mulliken St 18
5. Full Name of Mother Sahra Goldman
6. Mother's Maiden Name " Micnic
7. Mother's Birthplace "Polen Europe
8. Full Name of Father Samuel Goldman
9. Father's Occupation Pedler
10. Father's Birthplace Polen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ally

Address 48 Holland St

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28970

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 16th 1879.
4. *Place of Birth (Street and Number)* No. 95 Ann St.
5. *Full Name of Mother* Lizzie Schoe
6. *Mother's Maiden Name* Lizzie Wolf
7. *Mother's Birthplace* Darm State Germany.
8. *Full Name of Father* Madaise Schoe
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Prussie Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No. 185 S. E. cor. Centre av. & Monument

Remarks Well

at the birth of any [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28971

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January, 15th 1879
4. *Place of Birth (Street and Number)* No 48 Caroline str.
5. *Full Name of Mother* Lina Greenberg
6. *Mother's Maiden Name* " Jacobs
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Moses Greenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Poland.

Name of Medical Attendant, or other Person who makes this return Mrs. L. Bernstein

Address 113 E Lombard str.

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28972

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	15th January 1879
4. Place of Birth (Street and Number)	71 N. Gay St
5. Full Name of Mother	Sophia Zimmerman
6. Mother's Maiden Name	Sophia Reichert
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Zimmerman
9. Father's Occupation	Confectionar
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Barber Reid Gebauer
Address	No 26 N Irvine Street
Remarks	Baltimore Md

advise at the birth or any [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28973

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 the Third
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	15 Januar 1879
4. *Place of Birth (Street and Number)*	No 62 S. Schroder Street
5. *Full Name of Mother*	Johanna Weller
6. *Mother's Maiden Name*	Johanna Detering
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	John H. Weller
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mr. Fischer. Schlifer
Address	33 S. Howard St. Balt. Md.
Remarks	

RETURN OF A BIRTH.

289711

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th Jan.
4. *Place of Birth (Street and Number)* 68 Portland
5. *Full Name of Mother* Frederica Hiner.
6. *Mother's Maiden Name* Frederica Mahr.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Hiner.
9. *Father's Occupation* Carter.
10. *Father's Birthplace* Germany at Prussia.

Name of Medical Attendant, or other Person who makes this Return. Geo. Seybach.

Address 439 West Pratt St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

01

28975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 15th 1879
4. *Place of Birth (Street and Number)* 186 Orleans St.
5. *Full Name of Mother* Mary E. Moran
6. *Mother's Maiden Name* Mary E. Willey
7. *Mother's Birthplace* Harford Co. Md.
8. *Full Name of Father* James W. Moran
9. *Father's Occupation* Millwright
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilkinson

Address Baltimore

Remarks "

at the birth of any child, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 ch,
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 15th 1879
4. *Place of Birth (Street and Number)*	N.E. cor Calvert & Bath sts.
5. *Full Name of Mother*	Christina Keener
6. *Mother's Maiden Name*	Fetsch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John R. Keener
9. *Father's Occupation*	[illegible] Turner
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Edward P. McDevitt
Address	137 N Eutaw St
Remarks	

ndvise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28977

HEALTH DEPARTMENT
FEB
3
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 15th 1879
4. *Place of Birth (Street and Number)* No 184 Chestnut st
5. *Full Name of Mother* Mary ~~E~~ Green
6. *Mother's Maiden Name* Mary Hanaway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* H. Green
9. *Father's Occupation* Baltimore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegas

Address No 182 E. Monument st

Remarks

Notice of the birth of any [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	15th January 1879
4. *Place of Birth (Street and Number)*	52 Rose st
5. *Full Name of Mother*	Anna Gummer
6. *Mother's Maiden Name*	" Rosenmiller
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Andreas Gummer
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Betz
Address	245 Canton ave
Remarks	

at the time of any change, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 January
4. *Place of Birth (Street and Number)* 243 Bank St.
5. *Full Name of Mother* Ellen Welch
6. *Mother's Maiden Name* Ellen Collins
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Welch
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Fleming

Address 95 Albemarle St

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

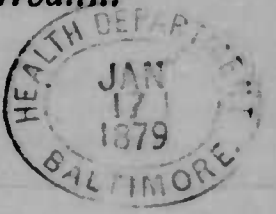
28980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16th of January 1879

4. Place of Birth (Street and Number) 231 Eastern Ave

5. Full Name of Mother Kate Vogel

6. Mother's Maiden Name Kate Vigt

7. Mother's Birthplace Germany

8. Full Name of Father Jno Vigt

9. Father's Occupation Kooper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel St p Jno Kunkel

Remarks Healthy

RETURN OF A BIRTH.

28981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1879
BALTIMORE

Mother (state whether 1st, 2d, 3d, &c.)	fifth
ether Male or Female)	female
or (if not of the white race)	white race
th	January the 16th
rth (Street and Number)	Baltimore fort ave 94
of Mother	Mary Marsh
iden Name	Mary Walker
rthplace	prince George Co Md
of Father	Walter Marsh
cupation	Sailer
rthplace	Virginia
Medical Attendant, or other Person who makes this Return.	Elizabeth Hathorn
	fort ave 140

RETURN OF A BIRTH.

28982

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 th of Jan 1879
4. *Place of Birth (Street and Number)* 208 S Haughter St
5. *Full Name of Mother* Lizzie Reitner
6. *Mother's Maiden Name* " " Stubbolt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Reitner
9. *Father's Occupation* oyster Shucker
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this return Mary Stubb

Address 99 Bernard St

Remarks

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28983

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 16th 1879
4. *Place of Birth (Street and Number)*	No 341 S. Charles st
5. *Full Name of Mother*	Anna Lindung
6. *Mother's Maiden Name*	Methens
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Conrad Lindung
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Sebastian Smidwife
Address	330 Hanover st
Remarks	

at the birth of any child hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether male or female)* girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 January 1879
4. *Place of Birth (Street and Number)* Baltimore Jefferson St
5. *Full Name of Mother* Duhorlaf
6. *Mother's Maiden Name* Harvesner
7. *Mother's Birthplace* Bohamain
8. *Full Name of Father* Harvesner
9. *Father's Occupation* Conner
10. *Father's Birthplace* Bohamain

Name of Medical Attendant, or other Person who makes this Return. Mc Koptis

Address

Remarks

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 January 1879
4. *Place of Birth (Street and Number)* 200 Ann St
5. *Full Name of Mother* Paulina Basler
6. *Mother's Maiden Name* Besch
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Basler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casner

Address 52 E Lombard St

Remarks

at the birth of any child, whether [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH ... JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 16th 1879
4. *Place of Birth (Street and Number)* 8 Stricker St
5. *Full Name of Mother* Isabella Hewitt
6. *Mother's Maiden Name* " O'Brian
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Ralph Hewitt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible] Mrs

Address 220 Preston St

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28987

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 16 – 1879

4. Place of Birth (Street and Number) No 3 Smith St

5. Full Name of Mother Jennie Johnson

6. Mother's Maiden Name " Stoner

7. Mother's Birthplace Carroll Co. Md

8. Full Name of Father Frank P Johnson

9. Father's Occupation Car-Driver

10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. W L Riddle M D

Address 87 Mulberry St

Remarks

28988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 16th 1879
4. Place of Birth (Street and Number) 546 Lexington St.
5. Full Name of Mother Mrs. Jennie Perregoy
6. Mother's Maiden Name Roy
7. Mother's Birthplace Baltimore City
8. Full Name of Father Geo. Washington Perregoy
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Wm. W. Murray M.D.

Remarks 3 N. Carey St.

advise at the birth of any child within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	January 16 – 1879
4. *Place of Birth (Street and Number)*	64 Abernale st
5. *Full Name of Mother*	Katherine Rebecca Kavanagh
6. *Mother's Maiden Name*	" " Luber
7. *Mother's Birthplace*	Balto. County md.
8. *Full Name of Father*	Patrick Joseph Kavanagh
9. *Father's Occupation*	Shipcarpenter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Pierre Gev. Dausch Dr.
Address	27. N. Broadway.
Remarks	

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28990

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th January 1879
4. *Place of Birth (Street and Number)* 269 Eastern Avenue
5. *Full Name of Mother* Henrietta Mottington
6. *Mother's Maiden Name* " Kilesbe
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Richard Mottington
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

28977

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
29
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 16th 1879.
4. *Place of Birth (Street and Number)* 8 Irvine place
5. *Full Name of Mother* Ida Bell Oliver
6. *Mother's Maiden Name* Ida B. Brown
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Edw. Thompson Oliver
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dorsett

Address 207 N. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 95 Low Street
5. *Full Name of Mother* Lizzie Schiett
6. *Mother's Maiden Name* Rehmhill
7. *Mother's Birthplace* Garming
8. *Full Name of Father* John Schiett
9. *Father's Occupation* Garming Carpenter
10. *Father's Birthplace* Garming

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

at the birth of any child, whether ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28993

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

advise of the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday Jan 17th 1879
4. Place of Birth (Street and Number)	#2422 E. Eden St.
5. Full Name of Mother	Sarah E. Burley
6. Mother's Maiden Name	Sarah E. Welch.
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Burley
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinkley M.D.
Address	# 25 1/2 Greenmount Ave.
Remarks	Vertex Presentation

28994

HEALTH DEPARTMENT
JAN 23 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 17th
4. *Place of Birth (Street and Number)* 58 N. Bond St.
5. *Full Name of Mother* Louisa Kratz
6. *Mother's Maiden Name* Louisa Hammerbacher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Friedrich Kratz
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No. 70 Granby St.

Remarks

at the birth of any child, whether ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28995

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (~~state whether~~ Male ~~or Female~~) ✓
2. Race or Color (if not of the white race) W
3. Date of Birth Jany 17, 1879
4. Place of Birth (Street and Number) 282 Maryland Av
5. Full Name of Mother Mary B. Seemuller
6. Mother's Maiden Name " " Howell
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Wm Seemuller
9. Father's Occupation Auctioneer & Com. Merchant
10. Father's Birthplace Dublin, Ireland

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Mad. Av

Remarks Natural & quick labor

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th of Jun 1879
4. *Place of Birth (Street and Number)* 103 Eden St
5. *Full Name of Mother* emma Hammon
6. *Mother's Maiden Name* Lil Rice
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joe Rice
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Sulla

Address 99 Lancaster St

Remarks

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28997

HEALTH DEPARTMENT
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 17th 1879
4. *Place of Birth (Street and Number)*	S/E 250 Gross st
5. *Full Name of Mother*	Mary Steinmetz
6. *Mother's Maiden Name*	Davis
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Robert Steinmetz
9. *Father's Occupation*	Huckster
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Johnson midwife
Address	330 Hanover st.
Remarks	

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 17th 1879
4. Place of Birth (Street and Number) No 407 E Madison St
5. Full Name of Mother Ruth Ann Bradford
6. Mother's Maiden Name Ruth Ann Blackiston
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Rev James T. Bradford
9. Father's Occupation Clergyman
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 186 Mt Donogh St

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January the 17 1879.
4. *Place of Birth (Street and Number)* N. Durham St. No. 10.
5. *Full Name of Mother* Elise Curtis
6. *Mother's Maiden Name* Elise Jackson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Curtis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

at the birth of any child, within the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th day of January
4. *Place of Birth (Street and Number)* Hanover Str. No. 250
5. *Full Name of Mother* Caroline D. Kircher
6. *Mother's Maiden Name* " " Wetzel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John George Kircher
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks Katherina Münch
98 Leadenhall Street

at the birth of any child, within ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29001

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Corlard
3. Date of Birth January 17 1879
4. Place of Birth (Street and Number) Baltimore No 66 Dover St
5. Full Name of Mother Ida Washington
6. Mother's Maiden Name Ida Ball
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Washington
9. Father's Occupation Stevedore
10. Father's Birthplace Calbart Century

Name of Medical Attendant, or other Person who makes this Return. Mariah Potter No 153 yorkstt

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and
of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29002

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ten Kind

1. Sex (state whether Male or Female) Lub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren 17ten Januar
4. Place of Birth (Street and Number) No 183 Eastern Av
5. Full Name of Mother Elisebeht Haut
6. Mother's Maiden Name Elisebeht Broder
7. Mother's Birthplace Baltimore
8. Full Name of Father John Haut
9. Father's Occupation Handarbeiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas St

Remarks Hemme

29003

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 17 of January 1879
4. *Place of Birth (Street and Number)* No. 223 William St.
5. *Full Name of Mother* Mrs. Elisa Bopp
6. *Mother's Maiden Name* Elisa Saibel
7. *Mother's Birthplace* Kurhessen-Germania
8. *Full Name of Father* Georg Bopp
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Würthenberg-Germania

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No 128 West St.

Remarks

thereafter, stating [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, [illegible] name of the mother of such child or children.

at the birth of any child, whether ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

W

29004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17th January 1879
4. *Place of Birth (Street and Number)* 62 S Durham st
5. *Full Name of Mother* Sophia Saum
6. *Mother's Maiden Name* " Toni
7. *Mother's Birthplace* City
8. *Full Name of Father* Daniel Saum
9. *Father's Occupation* Ice Driver
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betts

Address 245 Canton Ave

Remarks

RETURN OF A BIRTH.

29005

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* 17th January 1879
4. *Place of Birth (Street and Number)* 166 S Madairy alley
5. *Full Name of Mother* Anna Pultz
6. *Mother's Maiden Name* " Sellmer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Pultz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

at the birth of any child, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29006

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* January 17th 1879
4. *Place of Birth (Street and Number)* 265 S. Fremont st
5. *Full Name of Mother* Miemma Butler
6. *Mother's Maiden Name* Miemma Jones
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Isaiah W. Butler
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore city Md

Name of Medical Attendant, or other Person who makes this return Aborilla Brooks

Address 210 Warner st

Remarks Child in verry good health

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29007

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	January 18 1879
4. Place of Birth (Street and Number)	No 45 N Eutaw St
5. Full Name of Mother	Annie E Watson
6. Mother's Maiden Name	Annie E Shields
7. Mother's Birthplace	Balto
8. Full Name of Father	Wm R Watson
9. Father's Occupation	Printer & Bookbinder
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs K Abbey
Address	48 Holland St.
Remarks	

FEB 3 1879

RETURN OF A BIRTH.

29008

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 24 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th of January 1879
4. Place of Birth (Street and Number)	Armistead Lane No 14
5. Full Name of Mother	Sarah Philips
6. Mother's Maiden Name	Sarah Calender
7. Mother's Birthplace	Eastern Shore M D
8. Full Name of Father	Samuel Philips
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson No 10
Address	Alys Street
Remarks	

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 18 1879
4. *Place of Birth (Street and Number)* 12 Fountin St
5. *Full Name of Mother* Elizebeth West
6. *Mother's Maiden Name* Elizebeth Getts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamon West
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South Chester st

Remarks

at the birth of any child, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29010

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 John Goeb
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	18 Jan. 1879
4. Place of Birth (Street and Number)	121 Gough St.
5. Full Name of Mother	Caroline Goeb
6. Mother's Maiden Name	Klepper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Valentin Goeb
9. Father's Occupation	Broom maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gatrved Miller
Address	151 E Pratt St
Remarks	GIVEN NAME ADDED 2-11-54

L.M.

advise at the Birth of any Child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29011

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 January
4. Place of Birth (Street and Number)	255 North St
5. Full Name of Mother	Mary J Furgason
6. Mother's Maiden Name	Rafell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H Furgason
9. Father's Occupation	Inspector of Engines
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

290121

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Males
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 of January 1879
4. *Place of Birth (Street and Number)* Baltimore Hist. Street No 2
5. *Full Name of Mother* Elizabeth Bride
6. *Mother's Maiden Name* Elizabeth Woodard
7. *Mother's Birthplace* Jersey
8. *Full Name of Father* Alfred Bride
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Jersey

Name of Medical Attendant, or other Person who makes this return Dr. Sheller

Address 418 South Paca Street, Rose Pl.

Remarks

within six days thereafter, [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 18th 1879
4. Place of Birth (Street and Number) 82 Sharp St
5. Full Name of Mother Martha J Pettitt
6. Mother's Maiden Name Martha J Cook
7. Mother's Birthplace Virginia
8. Full Name of Father Wm L Pettitt
9. Father's Occupation Foreman Peoples Iron Works
10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D

Address

Remarks

advise at the birth of any child, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29014

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 18th 1879
4. Place of Birth (Street and Number) No 16 N Spring Near John
5. Full Name of Mother Mary A. Norris
6. Mother's Maiden Name Mary A. Moore
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel A. Norris.
9. Father's Occupation Bricklayer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A. Elwell

Address 286 McDough St

Remarks

29015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1879
4. Place of Birth (Street and Number)	Baltimore St 35
5. Full Name of Mother	Gertrude Winter
6. Mother's Maiden Name	" Buckenauer
7. Mother's Birthplace	Hessen
8. Full Name of Father	John Winter
9. Father's Occupation	Baker
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Wm R Wellig
Address	48 Holland St
Remarks	

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

RETURN OF A BIRTH.

29016

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Jan 21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 L.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 12. 1879.
4. Place of Birth (Street and Number) 12 Castle Street
5. Full Name of Mother Minnie Miller.
6. Mother's Maiden Name Minnie Wagner.
7. Mother's Birthplace Germany.
8. Full Name of Father. Blas Miller
9. Father's Occupation Cooper.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ament.

Address 137 South Wolfe St.

Remarks A.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29017

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 18th 1879
4. *Place of Birth (Street and Number)* Ostend Street No 10
5. *Full Name of Mother* Agnes Enthoff
6. *Mother's Maiden Name* Agnes Liddich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mathews Enthoff
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Bourne

Address 114 Battery Pl.

Remarks

RETURN OF A BIRTH.

D.9018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 18 1879
4. *Place of Birth (Street and Number)* 5 north alley
5. *Full Name of Mother* rosey helmet
6. *Mother's Maiden Name* rosey haner
7. *Mother's Birthplace* germany
8. *Full Name of Father* henry helmet
9. *Father's Occupation* laborer
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 423 aliceanna st

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29019

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1879
4. Place of Birth (Street and Number)	Holland St # 22
5. Full Name of Mother	Mary Wardell
6. Mother's Maiden Name	" Peters
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Wardell
9. Father's Occupation	Police
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Wellig
Address	48 Holland St.
Remarks	

advise at the birth of any child, within the City, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29020

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 of January 1879
4. *Place of Birth (Street and Number)* 45 Bradlist Al
5. *Full Name of Mother* Elisabeth Ulrich
6. *Mother's Maiden Name* Elisabeth Shellowers
7. *Mother's Birthplace* Hessin
8. *Full Name of Father* Nattiman Ulrich
9. *Father's Occupation* Labora
10. *Father's Birthplace* Hessin

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 18 June 1879
4. *Place of Birth (Street and Number)* No 11 Buttin Street
5. *Full Name of Mother* Rose Smith
6. *Mother's Maiden Name* Rose Black Wood
7. *Mother's Birthplace* West model Mary
8. *Full Name of Father* Yallow Smith
9. *Father's Occupation* Yalor
10. *Father's Birthplace* West Made Mary

Name of Medical Attendant, or other Person who makes this Return. Porter William

Address No 70 Chesnut Ster

Remarks Mother Ed Thell

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 18th 1879
4. *Place of Birth (Street and Number)* No. 70 Chapple St.
5. *Full Name of Mother* Theracy Gussman
6. *Mother's Maiden Name* Theracy Hoemann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gussman
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A Butt

Address No. 185 S.E. cor. of Central av. & Monument

Remarks All Well.

at the birth of any child, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29023

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* January 18th. 1879
4. *Place of Birth (Street and Number)* No. 211 William St.
5. *Full Name of Mother* Mrs. Margaretha Striker
6. *Mother's Maiden Name* " Margaretha Koerner
7. *Mother's Birthplace* Bayern Germania
8. *Full Name of Father* Anton Striker
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hanover Germania

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No. 128 West St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

advise at the birth of any child, within the city [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29024

RETURN OF A BIRTH.

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8. child

1. Sex (state whether Male or Female) femal
2. Race or Color (if not of the white race) Colard
3. Date of Birth Sat January the 18 1879
4. Place of Birth (Street and Number) Hughest St 233 between Hanover and Charles St
5. Full Name of Mother Josephean Elizbeth Queen
6. Mother's Maiden Name Josephean. E. wolfoot
7. Mother's Birthplace baltimore
8. Full Name of Father James. Edward Queen
9. Father's Occupation Oyster Schuckers
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Margret Spriggs

Address no. 2. peabh ally

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29025

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 of Jan. 1879.
4. Place of Birth (Street and Number)	Baldwin Av.
5. Full Name of Mother	Lizzie Weaver
6. Mother's Maiden Name	Lizzie Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	John Weaver
9. Father's Occupation	Butcher
10. Father's Birthplace	Bellocat
Name of Medical Attendant, or other Person who makes this Return.	Mary Webb
Address	[illegible]
Remarks	Balto City

29026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th January 1879
4. *Place of Birth (Street and Number)* 302 S Bond St
5. *Full Name of Mother* Elizabeth Kisselhorst
6. *Mother's Maiden Name* " Lenz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Dietrich Kisselhorst
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29027

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth January 19th 1879
4. Place of Birth (Street and Number) hamburg st No 86
5. Full Name of Mother Elizebeth Shuman
6. Mother's Maiden Name Elizebeth Echart
7. Mother's Birthplace baltimore
8. Full Name of Father Charley Shuman
9. Father's Occupation Waterman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson

Address No 10 Abys Street

Remarks

29025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the eight
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 of January A.D. 1879
4. *Place of Birth (Street and Number)*	No 336 Alesia st
5. *Full Name of Mother*	Mary E Roberders
6. *Mother's Maiden Name*	Mary E Monrow
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Alexandra Roberts
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ann E Bull
Address	No 171 South Chester st
Remarks	

at the birth of any child, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29029

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advised at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11te 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 19 of Jan
4. *Place of Birth (Street and Number)* N° 21 Holman st
5. *Full Name of Mother* Kunigunda Lauber
6. *Mother's Maiden Name* Kunigunda Müller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Müller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Lauer

Remarks 178 Harford Ave. 1879

29030

HEALTH DEPARTMENT
JAN 22 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) White

1. *Sex (state whether Male or Female)* Famaile
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 of January
4. *Place of Birth (Street and Number)* no 20 Dover Court
5. *Full Name of Mother* Anne Corty Burns
6. *Mother's Maiden Name* Anne Corty
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Henery Burns
9. *Father's Occupation* Labour
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Dora Anderson

Address

Remarks

within six days thereafter, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29031

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 5th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	19 Jan 1879.
4. Place of Birth (Street and Number)	15 Eubast. Spt.
5. Full Name of Mother	Mary Catherine Powell.
6. Mother's Maiden Name	Mary Catherine Lotz.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	George Carey Powell.
9. Father's Occupation	Laborer
10. Father's Birthplace	Anne Arundel Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Erdl
Address	
Remarks	

29032

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 January
4. Place of Birth (Street and Number)	Bath and Davis
5. Full Name of Mother	Mary Noonan
6. Mother's Maiden Name	Heeney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jeremiah Noonan
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Marshall Edmonson
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 January 1879
4. *Place of Birth (Street and Number)* Baltimore Abberd St No.
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* yandra
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* yander
9. *Father's Occupation* Labber
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address

Remarks

printer Joseph Kopcis

at the birth of any child, within the city, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the office of any time, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29034

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* January the 19-18-79
4. *Place of Birth (Street and Number)* Chaffle St 154 Baltimore
5. *Full Name of Mother*
6. *Mother's Maiden Name* Emeline Harris
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Eggesstar St Baltimore md

Remarks

advise at the birth of any child, within the City [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29035

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) —

3. Date of Birth January 19th 1879

4. Place of Birth (Street and Number) West Street No 182.

5. Full Name of Mother Emma Schmick.

6. Mother's Maiden Name Emma Bruff

7. Mother's Birthplace Baltimore, M.d.

8. Full Name of Father Philip Schmick

9. Father's Occupation Labor

10. Father's Birthplace Baltimore M.d.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

29036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3cl

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th January 1879
4. *Place of Birth (Street and Number)* Oregon st No 192
5. *Full Name of Mother* Magdalena Kortlen
6. *Mother's Maiden Name* " Dreller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Constant Kortlen
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

RETURN OF A BIRTH.

29037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 19th 1879
4. Place of Birth (Street and Number) No 37 Eastern Avenue
5. Full Name of Mother Emily Hupfel
6. Mother's Maiden Name Emily Guerdon
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Hupfel
9. Father's Occupation Gilt Finisher
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester St

Remarks Healthy Child

adviso at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29038
29039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth & Tenth
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 19th 1879
4. Place of Birth (Street and Number)	No. 75 N. Howard St.
5. Full Name of Mother	Mary Gunther
6. Mother's Maiden Name	Mary Ziegler
7. Mother's Birthplace	Germany
8. Full Name of Father	William Gunther
9. Father's Occupation	Piano Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Weinenbrenner
Address	No 23 N. Liberty St.
Remarks	"Twins"

advise at the office of any Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Seventh

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 19th
4. *Place of Birth (Street and Number)* Canton
5. *Full Name of Mother* ~~Anna~~ Köhler, Mary
6. *Mother's Maiden Name* Mary Schaffermann
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Jacob Köhler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No. 70 Granby St.

Remarks

at the birth of any child, within ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29041

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Balto. Jan 13th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 11th 1879.

4. Place of Birth (Street and Number) 60 Castle St.

5. Full Name of Mother Attila Moselein.

6. Mother's Maiden Name Attila Gollach

7. Mother's Birthplace Germany

8. Full Name of Father Fance Moselein

9. Father's Occupation Shoemaker.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 127 South Wolfe St.

Remarks

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* th 19 Jan. 1879
4. *Place of Birth (Street and Number)* 254 Micdonal Ste
5. *Full Name of Mother* Rosa Mason
6. *Mother's Maiden Name* Rosa Spencer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Mason
9. *Father's Occupation* Whaler
10. *Father's Birthplace* Louis Mill Kentucky

Name of Medical Attendant, or other Person who makes this Return. Rush Nelson

Address No 70 Chestnut Ste

Remarks Mother Dead Child Dis [illegible]

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Born 19 Jany
4. Place of Birth (Street and Number) 20 Dover St
5. Full Name of Mother Ann Carty Burns
6. Mother's Maiden Name Ann Carty
7. Mother's Birthplace Ireland
8. Full Name of Father Harry Burns
9. Father's Occupation Labor
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Anderson

Address 369 N W Henry St

Remarks

born, its or their [illegible]
of the parents, and the maiden name of the mother of such child or children.

290411

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 tes. Kind

1. *Sex (state whether Male or Female)* Knb
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 19 ten Januar
4. *Place of Birth (Street and Number)* No 197 S. Dulles Str 197
5. *Full Name of Mother* Emmor Buhns
6. *Mother's Maiden Name* Emmor Herz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Williyam Buhns
9. *Father's Occupation* Eisstraiber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dulles Str

Remarks Homme

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29015

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 19 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Rosa Vitt
6. *Mother's Maiden Name* Rosa Coonan
7. *Mother's Birthplace* Balte
8. *Full Name of Father* George Vitt
9. *Father's Occupation* Drummer
10. *Father's Birthplace* Boston

Name of Medical Attendant, or other Person who makes this Return. David Streett Wd House Phys.

Address Maternite Hospital

Remarks Mother and child doing well

at the birth of any child, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their legal condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 of january 1879
4. *Place of Birth (Street and Number)* Madeira Al 1889
5. *Full Name of Mother* Mary Elizie taylor
6. *Mother's Maiden Name* Mary Elizie Darmon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John taylor
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

at the birth of any child, within ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29047

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 28 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 of January 1879
4. *Place of Birth (Street and Number)* 360 Clinton st
5. *Full Name of Mother* Catrina Mayadick
6. *Mother's Maiden Name* Catrina Albracht
7. *Mother's Birthplace* Schwitz Canton Walles
8. *Full Name of Father* Mathias Mendich
9. *Father's Occupation* Seeman
10. *Father's Birthplace* Starich

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

at the birth of any child, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as of their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 2-4-55

29048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

Edgar Allen Beckett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth January 19th 1879

4. Place of Birth (Street and Number) No Number to dwelling, Fulton near Franklin St

5. Full Name of Mother Ida Louisa Beckett

6. Mother's Maiden Name Ida L. Zimmerman.

7. Mother's Birthplace Baltimore County, Maryland.

8. Full Name of Father Louis Beckett.

9. Father's Occupation Clerk.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. P. S. Field. M.D.

Address No. 2 Waverly Terrace. Balto

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex (state whether male or female)* A Female.
2. *Race or Color (if not of the white race)* A White Child.
3. *Date of Birth* The 19th of January
4. *Place of Birth (Street and Number)* No 48 Rock st Baltimore Md
5. *Full Name of Mother* Martha Elizabeth Steward
6. *Mother's Maiden Name* Martha Elisabeth Smith
7. *Mother's Birthplace* ~~William~~ Baltimore Md.
8. *Full Name of Father* William George Steward
9. *Father's Occupation* A Laboring Man
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lumler.

Address 60 Lehrotu

Remarks

at the birth of any child, within the [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

advise at the birth of any child, within the city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 19: 1879
4. Place of Birth (Street and Number) No. 424 Eutaw Place
5. Full Name of Mother Mrs. Jas. N. Steele Jr.
6. Mother's Maiden Name Miss Nelly Aldrich
7. Mother's Birthplace New York
8. Full Name of Father Jas. N. Steele Jr.
9. Father's Occupation Atty. at Law
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address No. 82 Franklin St.

Remarks Natural Labor.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29051

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 January
4. *Place of Birth (Street and Number)* 241 Bank St
5. *Full Name of Mother* Mary Collins
6. *Mother's Maiden Name* Mary Flemming
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Collins
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Flemming

Address 95 Albemarle St

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29052

JAN 24 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the fourth
1. Sex (state whether Male or Female)	a male
2. Race or Color (if not of the white race)	colored dark
3. Date of Birth	on monday Jan 20th 1879
4. Place of Birth (Street and Number)	209 Durham St
5. Full Name of Mother	Rachel Ann Turner
6. Mother's Maiden Name	X X X X
7. Mother's Birthplace	Maryland
8. Full Name of Father	William turner
9. Father's Occupation	Laberer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Alice Ann Chapman
Address	No 9 Mulligan St
Remarks	

advise at the birth of any child within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th of January 1879
4. Place of Birth (Street and Number)	Raliegh near Eliot St
5. Full Name of Mother	Catherine Baily
6. Mother's Maiden Name	Hannon
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Bailey
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E. Jones Williams M.D.
Address	17 Raliegh St
Remarks	

RETURN OF A BIRTH.

290511

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	# Monday Jan 20th 1879
4. Place of Birth (Street and Number)	238 E. Monument St.
5. Full Name of Mother	Ann Sanderson.
6. Mother's Maiden Name	Ann Oliver
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Sanderson
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address	25½ Greenmount Ave
Remarks	"Vertex Presentation"

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29055

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th 20 Jan.
4. *Place of Birth (Street and Number)* No 11 Ann and Bird
5. *Full Name of Mother* Mary L. Baining
6. *Mother's Maiden Name* Mary Bauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Robert Bauer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks 171 Harford ave 1879

RETURN OF A BIRTH.

29056 cwl

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Name of Child: William Lotterer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 January 1879
4. *Place of Birth (Street and Number)* 11 Park Pl
5. *Full Name of Mother* Katrina Lotterer
6. *Mother's Maiden Name* Lohrbin
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Lotterer
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Casper

Address 72 E. Lombard St

Remarks

at the birth of any child, within the City ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colored race
3. *Date of Birth* January the 20 18 79
4. *Place of Birth (Street and Number)* Orleans St 169 Baltimore md
5. *Full Name of Mother* Milus francis Giles
6. *Mother's Maiden Name* Milus francis Chase
7. *Mother's Birthplace* Dorchester County md
8. *Full Name of Father* Henry Giles
9. *Father's Occupation* Waymore
10. *Father's Birthplace* Dorchester County md

Name of Medical Attendant, or other Person who makes this Return. Lurandy Woolford

Address 130 Register St Baltimore md

Remarks

29038

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Brown Complection
3. *Date of Birth* January 20th 1879
4. *Place of Birth (Street and Number)* No 4 Hamilton St
5. *Full Name of Mother* Eliza Page
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Robert Page
9. *Father's Occupation* Poter
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address No 6 Hamilton Smith St

Remarks

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29059

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Jan. 20 1879
4. *Place of Birth (Street and Number)*	Maternite Hospital
5. *Full Name of Mother*	Mary Heinkleman
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett Md. Hom. Phys.
Address	Maternite Hospital
Remarks	Mother + child doing well - tedious labor forceps delivery.

29060

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within six days thereafter, stating distinctly the ... of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 26th

4. Place of Birth (Street and Number) 104 Wagner St

5. Full Name of Mother Ernestine Meier

6. Mother's Maiden Name Ernestine Müller

7. Mother's Birthplace Alfeld Prov. Hanover

8. Full Name of Father Henry Meier

9. Father's Occupation Locksmith

10. Father's Birthplace Cassel.

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks No. 809 N. Front

29061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 20 of January 1879
4. *Place of Birth (Street and Number)* Fort Avenue No. 91
5. *Full Name of Mother* Mrs. Rosa Casety
6. *Mother's Maiden Name* " " Rosa Fox
7. *Mother's Birthplace* Irland
8. *Full Name of Father* James Casety
9. *Father's Occupation* Laiboriar
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address N 128 West St.

Remarks

thereafter, stating distinctly the date of birth, sex, and color, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 3-1-55

29062

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Henrietta Luckhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 20 of January 1879
4. *Place of Birth (Street and Number)* Fort Avenue No 100
5. *Full Name of Mother* Mrs. Mary ~~Luckart~~ Luckhardt
6. *Mother's Maiden Name* Mary Loeser
7. *Mother's Birthplace* Sachsen Germania
8. *Full Name of Father* Christian ~~Luckar~~ Luckhardt
9. *Father's Occupation* Laiboriar
10. *Father's Birthplace* Gr. thn. Hessen Germania

Name of Medical Attendant, or other Person who makes this Return Irbena Grishaber

Address No 128 West St Baltimore Md

Remarks

thereafter, stating ... condition, whether still born or not, the full name, nativity, and residence of the parents ... name of the mother of such child or children.

RETURN OF A BIRTH.

29063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
30
1879
BALTIMORE

at the birth of any child, within ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20th January 1879
4. *Place of Birth (Street and Number)* 217 Bethel
5. *Full Name of Mother* Bridget Ryan
6. *Mother's Maiden Name* " Ryan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Ryan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Carlton Ave

Remarks

RETURN OF A BIRTH.

29061

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan. 20. 1879
4. *Place of Birth (Street and Number)* 130 N. Howard St.
5. *Full Name of Mother* Meta Henriette Ruperti
6. *Mother's Maiden Name* " " Löcher
7. *Mother's Birthplace* Zeitz in Germany
8. *Full Name of Father* Johann Anton Ruperti
9. *Father's Occupation* Bookbinder
10. *Father's Birthplace* Zeitz in Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Seebach

Address 634 west Pratt

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29065

HEALTH DEPARTMENT
JAN 28 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ammie Calman 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Jan 20 1879
4. *Place of Birth (Street and Number)* 83 Welcome alley
5. *Full Name of Mother* Ammie Caalman
6. *Mother's Maiden Name* Ammie Camphor
7. *Mother's Birthplace* Campridge md
8. *Full Name of Father* geary e Caalman
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Dinnia Camphor mid wife

Address Dinnia Camphor 83 Welcome alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29066

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 20th 79
4. *Place of Birth (Street and Number)* 186 Gorman a
5. *Full Name of Mother* Julia Mark
6. *Mother's Maiden Name* " Fallon
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Chris. Mark
9. *Father's Occupation* Mechanic. (Moulder)
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Spindler

Address 379 W Lombard

Remarks

29167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 21st 1879
4. *Place of Birth (Street and Number)* 156 Hamburg St
5. *Full Name of Mother* Mary A. Lady
6. *Mother's Maiden Name* Mary A. Moffitt
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John M. Lado
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore Locke M.D.

Address

Remarks

RETURN OF A BIRTH.

29068

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Lizzie Ebley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Jamaica
3. *Date of Birth* January 21st
4. *Place of Birth (Street and Number)* No. 42 Hampstead St.
5. *Full Name of Mother* Ellen Ebley
6. *Mother's Maiden Name* Sheffield
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Ebley
9. *Father's Occupation* Boiler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon.

Address No. 70 Granby St.

Remarks

at the birth of any child, whether [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29069

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 21 1879
4. *Place of Birth (Street and Number)*	126 Riverside ave
5. *Full Name of Mother*	Mary C Chambers
6. *Mother's Maiden Name*	Mary C Feinstein
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Chas C Chambers
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

at the birth of any child, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 January 1879
4. *Place of Birth (Street and Number)* 186 Bond St
5. *Full Name of Mother* Josephine Stein
6. *Mother's Maiden Name* Schultheis
7. *Mother's Birthplace* U S
8. *Full Name of Father* Gothard Stein
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

at the birth of any child, within the [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 January 1879
4. *Place of Birth (Street and Number)* 8 N Bermarle St
5. *Full Name of Mother* Ana Basand
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* U S
8. *Full Name of Father* Samuel Basand
9. *Father's Occupation* Sealer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

at the birth of any child, within the [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

290791

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 January 1879
4. *Place of Birth (Street and Number)* 103 Eastern Ave
5. *Full Name of Mother* Elisabeth Will
6. *Mother's Maiden Name* Krieger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Paul Will
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Muller

Address

Remarks 151 east Pratt st.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29073

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male 4
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 January
4. Place of Birth (Street and Number)	Cor Monument and Liberty Sts
5. Full Name of Mother	Catharine Hanlin
6. Mother's Maiden Name	Drew
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mich Hanlin
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 21 St. 6 45 A. M. 1879
4. *Place of Birth (Street and Number)* 299 E. Lombard St.
5. *Full Name of Mother* Agnes E. Bachman
6. *Mother's Maiden Name* Agnes E. Wright
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Kenny Bachman
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Balto Street

Remarks

29075

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Jan 22nd 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 21st 1879
4. *Place of Birth (Street and Number)* 269 Alice Anne St.
5. *Full Name of Mother* Francis Guse
6. *Mother's Maiden Name* Francis Schwenget
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Guse
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 137 South Wolfe St.

Remarks 1

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 children

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* 21 January 1879
4. *Place of Birth (Street and Number)* Union St No 13
5. *Full Name of Mother* anna ~~mi~~ williams
6. *Mother's Maiden Name* anna Miers
7. *Mother's Birthplace* Thowaard county
8. *Full Name of Father* jermier williams
9. *Father's Occupation* labour
10. *Father's Birthplace* Thoward county

Name of Medical Attendant, or other Person who makes this Return.

Address Charlotte Thebrom

Remarks

within six days thereafter, stating [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29077

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male Healthy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 21st of Jan 1879
4. *Place of Birth (Street and Number)* No 302 Browns Lane
5. *Full Name of Mother* Lizzie Hillebrand
6. *Mother's Maiden Name* L. Brown
7. *Mother's Birthplace* born in this City of Balto
8. *Full Name of Father* John Hillebrand
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* born in this City of Balto

Name of Medical Attendant, or other Person who makes this return Mrs. Hillen

Address 1017 West Pratt St.

Remarks

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

at the birth of any child, within the city, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* with
3. *Date of Birth* Januar den 21 1879.
4. *Place of Birth (Street and Number)* Baltimore City Hamburg St. No 101
5. *Full Name of Mother* Anna Catti Hermann
6. *Mother's Maiden Name* Anna Catti Munkewitz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Hermann.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhallstrit

Remarks

29079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of Jany
4. *Place of Birth (Street and Number)* 207 Lee St
5. *Full Name of Mother* Elizzie Faber
6. *Mother's Maiden Name* Elizzie Kern
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* ~~Germanie~~ Henry Faber
9. *Father's Occupation* Cook
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs Münch

Address 98 Leadenhall St

Remarks

at the birth of any child, within the city, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Januar 21 d 1879
4. *Place of Birth (Street and Number)* 359 Mc. Henry str.
5. *Full Name of Mother* Marie Kaufmann
6. *Mother's Maiden Name* Mar. Aleken
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Kaufmann
9. *Father's Occupation* Schreibsetzer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n Bond str.

Remarks

RETURN OF A BIRTH.

29051

HEALTH DEPARTMENT
31
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 21st 1879
4. Place of Birth (Street and Number)	No 114 N Ann Street
5. Full Name of Mother	Kate Walker
6. Mother's Maiden Name	Kate Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm J Walker
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 mc Donough st
Remarks	

RETURN OF A BIRTH.

29082

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mother (state whether 1st, 2d, 3d, &c.)	2d "
ether Male or Female)	Male "
or (if not of the white race)	white race "
th	January 21th "
rth (Street and Number)	Baltimore Fort av 198
of Mother	Sarah Harrison
iden Name	Sarah Townsend
rthplace	Anne Arundel County
of Father	John Harrison
cupation	Laborer
irthplace	Virginia
Medical Attendant, or other Person who makes this Return.	Elizabeth Hathaway 140 Fort av

RETURN OF A BIRTH.

29083

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

hether Male or Female) Male

lor (if not of the white race) White

rth Jan. 21st. 1879.

irth (Street and Number) 226 S. Sharp St.

of Mother Minnie Ferguson.

aiden Name Minnie Pyle

irthplace Baltimore.

of Father James Patterson Ferguson.

ccupation Conductor. B.P.R.R.

irthplace County ~~Armagh~~ Tyrone Ireland.

Medical Attendant, or other Person who makes this Return. Lucy Sydney.

No 1. Patapsco Avenue.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29084

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd of January 1879
4. *Place of Birth (Street and Number)* 53 S. Dallas St
5. *Full Name of Mother* Martha Stevens
6. *Mother's Maiden Name* Martha Carr
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alfred Stevens
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Louisa Seaton

Address 111 S Dallas

Remarks

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D9085

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Jany 22 1879
4. *Place of Birth (Street and Number)* No 60 Light st
5. *Full Name of Mother* Alice Jones
6. *Mother's Maiden Name* Alice Claudine
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Wm Jones
9. *Father's Occupation* Truckman agt
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 28 Franklin

Remarks

29086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Eight

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 22 1879
4. *Place of Birth (Street and Number)* No 173 Chester St
5. *Full Name of Mother* Rebecker Quinn
6. *Mother's Maiden Name* Rebecker Dowson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Quinn
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ann E Bull

Address No 141 South Chester St

Remarks

at the birth of any child, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29087

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 22 of Jan
4. *Place of Birth (Street and Number)* No 173 Harfor ave
5. *Full Name of Mother* Barbery Abel
6. *Mother's Maiden Name* Barbery Young
7. *Mother's Birthplace* Stus Barg Jordt Conty Pensalzeny
8. *Full Name of Father* Gorge W Jong
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore Conty

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Laue

Remarks No 173 Harfort ave 1879

RETURN OF A BIRTH.

29058

HEALTH DEPARTMENT JAN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 22. Janr. 1879

4. Place of Birth (Street and Number) 329 E. Monument St

5. Full Name of Mother Mary M E. Morrison

6. Mother's Maiden Name " " " Spicer

7. Mother's Birthplace Balto

8. Full Name of Father Hugh Alex. Morrison

9. Father's Occupation Carpenter

10. Father's Birthplace Balto Penn

Name of Medical Attendant, or other Person who makes this Return. J Glenn

Address 137 Orleans St

Remarks

advise at the birth of any child within the City of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 22nd 1879
4. *Place of Birth (Street and Number)* 146 Saratoga St
5. *Full Name of Mother* Annie Ruhl
6. *Mother's Maiden Name* " Crusmass
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Ruhl
9. *Father's Occupation* Bartender
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Annie Meserschmid

Address 223 Preston St

Remarks

at the birth of any child, within the city, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5-th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22cl January 1879
4. *Place of Birth (Street and Number)* No 29 Canton Avenue
5. *Full Name of Mother* Elise Greenecht
6. *Mother's Maiden Name* " Reichert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Josyph Greenecht
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Baltemore

Name of Medical Attendant, or other Person who makes this Return. Frederika Kaufmann

Address 2048 S. Dallas st

Remarks

Advise at the birth of any child, within the city [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 22° 1879
4. Place of Birth (Street and Number) N° 341 Madison Ave
5. Full Name of Mother Isabella Cunningham
6. Mother's Maiden Name Isabella White
7. Mother's Birthplace New York
8. Full Name of Father William Cunningham
9. Father's Occupation Insurance agent
10. Father's Birthplace Kingston Massa^ts.

Name of Medical Attendant, or other Person who makes this Return. [illegible] M D

Address N 114 Park Ave

Remarks

29092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 January 1879
4. *Place of Birth (Street and Number)* 34 Union st
5. *Full Name of Mother* Walburga Rennert
6. *Mother's Maiden Name* " Friedrick
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Rennert
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigelsinger

Address 111 Union st

Remarks

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29093

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 22 d
4. *Place of Birth (Street and Number)* 123 Saint St
5. *Full Name of Mother* Mary Wright
6. *Mother's Maiden Name* Mary Wright
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Wright
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jacobs

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29091

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the city of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. fift.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	No. 90 Leadenhall st.
4. Place of Birth (Street and Number)	22 Januar. 1879
5. Full Name of Mother	Julia Benne
6. Mother's Maiden Name	Julia Schnek
7. Mother's Birthplace	Biderhof. Germany
8. Full Name of Father	Will. Benne
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Fisher. Schlifer
Address	33 S. Howard st. Balt. Md.
Remarks	

birth of any child, within the city
x days thereafter, stating distinctly the date of birth, sex, and color of the child or children
, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

29095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth January 22d 1879.

4. Place of Birth (Street and Number) Montgomery Street 227.

5. Full Name of Mother Laura Feig.

6. Mother's Maiden Name Laura Hankock.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George Feig.

9. Father's Occupation

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brun.

Address 114 Batty Av.

Remarks

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 22 1879
4. *Place of Birth (Street and Number)* 83 N. Bondstr.
5. *Full Name of Mother* Babeta Bender
6. *Mother's Maiden Name* Ba. Siebert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Bender
9. *Father's Occupation* prikleger
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr.

Remarks

29097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 22 — 1879
4. *Place of Birth (Street and Number)*	No 265 Sharp st
5. *Full Name of Mother*	Mary Pflaum
6. *Mother's Maiden Name*	Renkel
7. *Mother's Birthplace*	Germaney
8. *Full Name of Father*	Friedrich Pflaum
9. *Father's Occupation*	working in flower Mill
10. *Father's Birthplace*	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	330 Hanover st
Remarks	

at the birth of any child, within the city ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city of [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29098

RETURN OF A BIRTH.

HEALTH DEPARTMENT 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 22 1879
4. *Place of Birth (Street and Number)* No 118 Jefferson Street
5. *Full Name of Mother* Mary Anna Freeman
6. *Mother's Maiden Name* Mary Anna Harris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Edward Freeman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Aldwell

Address 286 McDonogh st

Remarks

RETURN OF A BIRTH.

29099

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

Jan 23rd 1879

Advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 22nd 1879.
4. *Place of Birth (Street and Number)* 164 Washington St.
5. *Full Name of Mother* Rosa Dear.
6. *Mother's Maiden Name* Rosa Wallman.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Michel Dear.
9. *Father's Occupation* Basketmaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arend.

Address 132 South Wolfe St

Remarks 4

RETURN OF A BIRTH.

29100

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jany 22d 1879
4. *Place of Birth (Street and Number)* 36. Barnes Str.
5. *Full Name of Mother* Ana Brack
6. *Mother's Maiden Name* Felker
7. *Mother's Birthplace* Eklanz. Prussian
8. *Full Name of Father* M. Felker
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Minich Bayern.

Name of Medical Attendant, or other Person who makes this Return. Josephina Konidrad

Address No 20 Barnes Str.

Remarks

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29101

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Mother (state whether 1st, 2d, 3d, &c.)	2 Second
whether Male or Female)	male
Color (if not of the white race)	colored
Birth	jan the 22 1879
Birth (Street and Number)	198 cider alley
me of Mother	hanna fisher
Maiden Name	hanna burden
Birthplace	Mathews county virginia
me of Father	fisher
Occupation	hostler
Birthplace	[illegible]
f Medical Attendant, or other Person who makes this Return.	Mary jane Richardson

well hearty child
Mother is doing well

RETURN OF A BIRTH.

29102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 15
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 22d 1879
4. *Place of Birth (Street and Number)* No 176 Hanover St
5. *Full Name of Mother* Sarah Lukehart
6. *Mother's Maiden Name* " Lacount
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John Lukehart
9. *Father's Occupation* Wood Turner
10. *Father's Birthplace* " Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr Charles A Lewis

Address No 162 Hanover St

Remarks

at the birth of any child, within the City ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29103

HEALTH DEPARTMENT
FEB
12
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

f Mother (state whether 1st, 2d, 3d, &c.)	2
whether Male or Female)	Male
lor (if not of the white race)	Colored
irth	22 of January
rth (Street and Number)	130 Bixby alley
of Mother	Rosa Johns
Maiden Name	
irthplace	not known
of Father	William John
cupation	Wood and Coal Seller
Birthplace	Eastern
Medical Attendant, or other Person who makes this Return.	Mary Bevens

RETURN OF A BIRTH.

29104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 23 1879.
4. *Place of Birth (Street and Number)* N. Bond St No 5
5. *Full Name of Mother* Anna M. Boshammer
6. *Mother's Maiden Name* Anna M. Kratz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann Boshammer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No 26.

Remarks

at the birth of any child, within the city ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Jan 28 1879
4. *Place of Birth (Street and Number)* Maternite Hospitale
5. *Full Name of Mother* Annie Lundy
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Street M.D. House Phys.

Address Maternite Hospitale

Remarks Painful but natural labor both doing well

at the birth of any child, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29106

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 23rd 1879
4. Place of Birth (Street and Number)	No 32 Grindall st
5. Full Name of Mother	Lizzie Kauss
6. Mother's Maiden Name	Lizzie Kauss
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Caspar Kauss
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Kauss
Address	No 106 West st
Remarks	"

advise at the birth of any child, within the City of Baltimore, and report within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29107

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* Witte
3. *Date of Birth* 23 Januar
4. *Place of Birth (Street and Number)* 216 Ann Stret
5. *Full Name of Mother* Karoline Zuber
6. *Mother's Maiden Name* Szporny
7. *Mother's Birthplace* Szubin Germany
8. *Full Name of Father* Jozef Szporny
9. *Father's Occupation* — — — —
10. *Father's Birthplace* Znin — — — —

Name of Medical Attendant, or other Person who makes this return Merie Güttner

Address Wolfe Stret 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto — Mother white father coloured
3. Date of Birth January 22nd 1879
4. Place of Birth (Street and Number) No 14 Little Pine St
5. Full Name of Mother Annie McFadden
6. Mother's Maiden Name Annie McFadden
7. Mother's Birthplace Ireland
8. Full Name of Father James Robinson
9. Father's Occupation Butler
10. Father's Birthplace — Unknown

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address 87 Franklin St

Remarks

advise at the birth of any child within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 23rd 1879
4. *Place of Birth (Street and Number)* 288 Hanover st Baltimore Md.
5. *Full Name of Mother* F. A. E. Carolina Schmeck
6. *Mother's Maiden Name* F. A. E. Carolina Schmidt.
7. *Mother's Birthplace* Baltimore, Maryland.
8. *Full Name of Father* Charles Schmeck.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. Jefferson Mims

Address 98 Lanvale st West

Remarks

Charles Schmeck

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as of such ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth January the 23. 18 79
4. Place of Birth (Street and Number) 35, Forsto. aley
5. Full Name of Mother Li Ze Chal
6. Mother's Maiden Name Li Ze Crala
7. Mother's Birthplace Apenick. County
8. Full Name of Father Baler, Crala
9. Father's Occupation Draman
10. Father's Birthplace Estten Shore. M.d

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary. E. Chen

Address 94 Tyson. St. Baltimore. M.d

Remarks

advise at the birth of any child, within the city of [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) January 18/79

3. Date of Birth

4. Place of Birth (Street and Number) Orange Cottage Philadelphia Road

5. Full Name of Mother Elizabeth Chester

6. Mother's Maiden Name " Leach

7. Mother's Birthplace Baltimore County

8. Full Name of Father Geo Henry Chester

9. Father's Occupation Gardner

10. Father's Birthplace Balto County

Name of Medical Attendant, or other Person who makes this Return Isabelle Oliver

Address 58 E. Monument St.

Remarks

RETURN OF A BIRTH.

29112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Femal
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23d January 1879
4. *Place of Birth (Street and Number)* 34 Essex St.
5. *Full Name of Mother* Barbara Eisenhart
6. *Mother's Maiden Name* Stemmen
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Eisenhart
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Peter

Address 245 Canton Ave

Remarks

RETURN OF A BIRTH.

29113

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 January
4. *Place of Birth (Street and Number)* No 18 Granby St
5. *Full Name of Mother* Katie Walter
6. *Mother's Maiden Name* Walter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bonsheur
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

at the birth of any child, within the city [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 28 1879 BALTIMORE.

at the birth of any child, within the City, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as of each pregnancy, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23 d January 1879
4. Place of Birth (Street and Number) Eastern Ave 53 st
5. Full Name of Mother Annie Krog
6. Mother's Maiden Name Annie Schmidt
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Krog
9. Father's Occupation Schoemaker
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Ave

Remarks

29115

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child of [illegible]

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th January 1889
4. *Place of Birth (Street and Number)* Baltimore Fremont St No 37
5. *Full Name of Mother* Rebecca
6. *Mother's Maiden Name* v Oberner
7. *Mother's Birthplace* Bohanan
8. *Full Name of Father* Jim v Oberner
9. *Father's Occupation* Barber
10. *Father's Birthplace* Bohanan

Name of Medical Attendant, or other Person who makes this Return. Mary Kostish

Address 9 Nishanton St

Remarks Baltimore Md

at the birth of any child, within the city of [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2916

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 Jan. 1879
4. *Place of Birth (Street and Number)* 230 S. Eden St.
5. *Full Name of Mother* Lizzie Schmidt
6. *Mother's Maiden Name* Wisel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Sebastian Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Hilker

Address 151 E. Pratt St.

Remarks

RETURN OF A BIRTH.

29117

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, which ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jany 24th
4. *Place of Birth* (Street and Number)	No 132 Jefferson St
5. *Full Name of Mother*	Alabama Kimmesley
6. *Mother's Maiden Name*	Moore
7. *Mother's Birthplace*	" Balt.
8. *Full Name of Father*	Wm F Kimmesley
9. *Father's Occupation*	Bookbinder
10. *Father's Birthplace*	New York.
Name of Medical Attendant, or other Person who makes this Return.	Wm. Whelage
Address	
Remarks	

RETURN OF A BIRTH.

2918

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24 January 1879
4. *Place of Birth (Street and Number)* 126 Canal St
5. *Full Name of Mother* Margaret Mann
6. *Mother's Maiden Name* Steger
7. *Mother's Birthplace* U S
8. *Full Name of Father* John H. Mann
9. *Father's Occupation* Driver
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cassier

Address 52 E. Lombard St

Remarks

at the birth of any child, within the City ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 24th 1879
4. *Place of Birth (Street and Number)* 86 Pearl St
5. *Full Name of Mother* Laura Asendorf
6. *Mother's Maiden Name* " Thiemeyer
7. *Mother's Birthplace* Balth Md
8. *Full Name of Father* Henry Asendorf
9. *Father's Occupation* Dairy Man
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl Mid

Address 22 Preston St

Remarks

advise at the birth of any child, within the city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 6 t

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Jan. 24. 1879
4. Place of Birth (Street and Number) C. Monument 475
5. Full Name of Mother Anna Necker
6. Mother's Maiden Name Bunn
7. Mother's Birthplace Moschhein Baern
8. Full Name of Father Joh. Necker
9. Father's Occupation Panter
10. Father's Birthplace Bachen Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address S. Wolfstr No 28

Remarks Midwife

RETURN OF A BIRTH.

29121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* January 24th 1879
4. *Place of Birth (Street and Number)* 1046 E. Baltimore
5. *Full Name of Mother* Catharine W. MacKim
6. *Mother's Maiden Name* " " Dailey
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Francis M. MacKim
9. *Father's Occupation* Brassfinisher
10. *Father's Birthplace* Balto Maryland

Name of Medical Attendant, or other Person who makes this return F. Ridgway André M.D.

Address No 121 E. Baltimore St

Remarks

advise at the birth of any child, within the [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the city [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 24th 1879
4. Place of Birth (Street and Number)	68 S Wolf Str FP.
5. Full Name of Mother	A. V. Jubb.
6. Mother's Maiden Name	A. V. Jubb.
7. Mother's Birthplace	Balto
8. Full Name of Father	Mr H. Jubb
9. Father's Occupation	Waterman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms.
Address	# 171 S Washington Str.
Remarks	FP.

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 29 Jan 1879
4. *Place of Birth (Street and Number)* No 39 Bitel St.
5. *Full Name of Mother* Katz. Hofman.
6. *Mother's Maiden Name* not Marit.
7. *Mother's Birthplace* Baltemore
8. *Full Name of Father* Albert Lamkaz.
9. *Father's Occupation* Butger
10. *Father's Birthplace* Baltemore.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer Cristina Lauer

Remarks 173 193 Harfer ave

RETURN OF A BIRTH.

29124

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th January 1879
4. *Place of Birth (Street and Number)* # 271 St. Charles St
5. *Full Name of Mother* Mrs. Wm H. Whitridge
6. *Mother's Maiden Name* Miss Elizb. Graham
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Wm H. Whitridge
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return Christopher John Johnston M.D.

Address No. 82 Franklin St.

Remarks

Natural Labor.

RETURN OF A BIRTH.

29125

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 24. 1879
4. *Place of Birth (Street and Number)* 160 S. Bond St.
5. *Full Name of Mother* Barbara Goldbach
6. *Mother's Maiden Name* Steinmetz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Otto Goldbach
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Albert B. Lyman M.D. & L.M.

Address 375 E. Baltimore St.

Remarks

29126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Called
3. *Date of Birth* 24 January 1879
4. *Place of Birth (Street and Number)* No 23 Forrest Street
5. *Full Name of Mother* Lizzie Nickles
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Tenesees
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Rosetton Williams

Address No 70 Chestnut Spa

Remarks Mother and Child doing Well

at the birth of any child, within the [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29127

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ten Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 25. 1879.
4. *Place of Birth (Street and Number)* Bank. St. No. 35
5. *Full Name of Mother* Mary Curley
6. *Mother's Maiden Name* Mary Forrestberger
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Curley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Brooklyn. St. NewYork.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No 26.

Remarks

at the birth of any child, within the city ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 25. 1879
4. *Place of Birth (Street and Number)* 31 north wolf st
5. *Full Name of Mother* mary n more
6. *Mother's Maiden Name* mary n pimison
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Henry h more
9. *Father's Occupation* carpenter
10. *Father's Birthplace* East fenville county va

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Ellington avenue

Remarks

advise at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan 25 1879
4. *Place of Birth (Street and Number)* Pratt st E 40
5. *Full Name of Mother* Amandia peirce
6. *Mother's Maiden Name* Amandia bishop
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles E peirce
9. *Father's Occupation* C&S conductor
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return Mary Conner 153

Address Collington avenue

Remarks

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

advise at the birth of any child, within the City of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 25th 1879
4. *Place of Birth (Street and Number)* 170 E. Baltimore Str.
5. *Full Name of Mother* Liena Gardner
6. *Mother's Maiden Name* L. Frank
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Gardner
9. *Father's Occupation* Mukster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Re. Rudiger

Address 134 N. Bond Str.

Remarks

29131

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 25 1879
4. *Place of Birth (Street and Number)* No 127 Forest st
5. *Full Name of Mother* L. Grimmel
6. *Mother's Maiden Name* L Kirss
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Konrad Grimmel
9. *Father's Occupation* Liquor Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hellegeist

Address 152 Monument st

Remarks

RETURN OF A BIRTH.

29132

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	I
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	25th January
4. Place of Birth (Street and Number)	194 Lexington
5. Full Name of Mother	Catharina Steinmetz
6. Mother's Maiden Name	Catharina Staub
7. Mother's Birthplace	Gettysburg Pa
8. Full Name of Father	Francis G. Steinmetz
9. Father's Occupation	Stone Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John J. Litzer M.D.
Address	81 N. Eutaw Baltimore
Remarks	

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th of January
4. *Place of Birth (Street and Number)* Baltimore Md. Stockon st. No 13.
5. *Full Name of Mother* Henry H. Cailersmith. fathers
6. *Mother's Maiden Name* Sophy Shaller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Sophy Cailersmith. mothers name
9. *Father's Occupation*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dumler 60 Shrater

Remarks

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29134
29135

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th Confinement twins 7 & 8th child

1. Sex (state whether Male or Female) females
2. Race or Color (if not of the white race)
3. Date of Birth 25th Jan. 1879
4. Place of Birth (Street and Number) 157 Mulberry st
5. Full Name of Mother Mathilda Ebeler
6. Mother's Maiden Name Mathilde Boehne
7. Mother's Birthplace Minden (Germany)
8. Full Name of Father Ernst Ebeler
9. Father's Occupation Taylor
10. Father's Birthplace Hanover (Germany)

Name of Medical Attendant, or other Person who makes this Return. L. W. Heldmann M.D.

Address 120 Park st Baltimore

Remarks

RETURN OF A BIRTH.

29136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

advise at the birth of any child, within the city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 309 West Dallas St
4. Place of Birth (Street and Number) the 25 Same
5. Full Name of Mother Mary Murgler
6. Mother's Maiden Name Mary Bush
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Bush
9. Father's Occupation Laber
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Mr Same

Remarks 113 Harper ave.

RETURN OF A BIRTH.

29137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 25 1879
4. *Place of Birth (Street and Number)* 314 Mulberry St.
5. *Full Name of Mother* Mrs Mary Wade
6. *Mother's Maiden Name* Mary Shanfelter
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* F. H. Wade
9. *Father's Occupation* Liquor Agent
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Ann Dumler CO Streets

Remarks

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the number of ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 25 – 1879
4. Place of Birth (Street and Number) 112 N Pacaste
5. Full Name of Mother Margaret Mullenberg
6. Mother's Maiden Name " Sperhall
7. Mother's Birthplace Germany
8. Full Name of Father Charles H Mullenberg
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W G Reder MD

Address 87 Mulberry St

Remarks

advise at the birth of any child, within the city of [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

1879

advise at the birth of any child, within the City of Baltimore, within **six** days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the **full name**, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Jan. 26 – 79
4. *Place of Birth (Street and Number)*	117 Aliceanna st
5. *Full Name of Mother*	Mary Francis ~~Rockfort~~ Kelly
6. *Mother's Maiden Name*	" " Rockfort
7. *Mother's Birthplace*	Balto. City md.
8. *Full Name of Father*	James Kelly
9. *Father's Occupation*	Lookaper City Hall
10. *Father's Birthplace*	Balto. City md.
Name of Medical Attendant, or other Person who makes this return	Pierre Gee. Dausch
Address	27. N. Broadway
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 26th 8 ½ A.M. 1879 "Boy"

4. Place of Birth (Street and Number) 403 E. Chase

5. Full Name of Mother Mary Louisa McCord

6. Mother's Maiden Name Mary Louisa

7. Mother's Birthplace Balto City

8. Full Name of Father Marshall Armstrong McCord

9. Father's Occupation Telegraph Operator

10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D

Address 299 E. Balto Street

Remarks

RETURN OF A BIRTH.

29141

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 26 Jany 1879
4. *Place of Birth (Street and Number)* 215
5. *Full Name of Mother* Kate P. Fraily
6. *Mother's Maiden Name* " " Jones
7. *Mother's Birthplace* Md
8. *Full Name of Father* Lenard M Fraily
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Grane Taneyhill

Address 129 N. Biddle st

Remarks Child was of 7½ months gestation.
is doing well. Jan 29. 1879

at the birth of any child, within the City ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the city of [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26th January 1879
4. Place of Birth (Street and Number) 50 Walnut alley
5. Full Name of Mother Maria Yoh
6. Mother's Maiden Name " Klein
7. Mother's Birthplace Baltimore
8. Full Name of Father George Yoh
9. Father's Occupation Baker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

29143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	26 January
4. *Place of Birth (Street and Number)*	68 Barre St.
5. *Full Name of Mother*	Elizabeth Reminder
6. *Mother's Maiden Name*	" Buebeck
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jacob Reminder
9. *Father's Occupation*	Silver Plater
10. *Father's Birthplace*	Wurtemburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	colo"
3. *Date of Birth*	Jan 26 1879
4. *Place of Birth (Street and Number)*	No 15 Rebersten Street
5. *Full Name of Mother*	~~Lassey~~ Dolan
6. *Mother's Maiden Name*	Lassey Dolan
7. *Mother's Birthplace*	Dochester county Md
8. *Full Name of Father*	Antone Peters
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	St Thomas
Name of Medical Attendant, or other Person who makes this Return.	Succindy Woolford
Address	No 130 N. Regerstan Street
Remarks	convulsion

29145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fast

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 26th 79
4. *Place of Birth (Street and Number)* 152 L Green St
5. *Full Name of Mother* Elisabeth Dietrich
6. *Mother's Maiden Name* Elisabeth Fischer
7. *Mother's Birthplace* Erie Pa
8. *Full Name of Father* Leo Dietrich
9. *Father's Occupation* Porter
10. *Father's Birthplace* Nordheim v. d. Röhn Bavaria Germania

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhallstrit

Remarks

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 26 th 1879
4. *Place of Birth (Street and Number)* No 237 Light st
5. *Full Name of Mother* Cathern Krom
6. *Mother's Maiden Name* Scharman
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Theodor Krom
9. *Father's Occupation* Sadler
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgasser midwife

Address 330 Hanover st.

Remarks

at the birth of any child, within the City of [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1879
BALTIMORE

advise at the birth of any child, within the City of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan. 26 1879
4. *Place of Birth (Street and Number)*	310 E Baltimore
5. *Full Name of Mother*	Elizabeth Kuenneth
6. *Mother's Maiden Name*	E. Schafer
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Ferdinand Kuenneth
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	German
Name of Medical Attendant, or other Person who makes this Return.	Marie K. Rudiger
Address	134 N. Bond str.
Remarks	

29148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Cold
3. Date of Birth 26th Jany 79.
4. Place of Birth (Street and Number) 103 S. Durham St.
5. Full Name of Mother Lizzie Lea
6. Mother's Maiden Name Lizzie Dotson
7. Mother's Birthplace Port Deposit
8. Full Name of Father Henry Lea
9. Father's Occupation Laborer
10. Father's Birthplace Port Deposit

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address

Remarks

That any physi[illegible] advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29149

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 January
4. *Place of Birth (Street and Number)* 75 Albemarle st
5. *Full Name of Mother* Annie Re Farrell
6. *Mother's Maiden Name* Annie Re Flemming
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick H Farrell
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Flemming

Address 96 Albemarle st

Remarks Baltimore md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29150

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the city of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* jan 26
4. *Place of Birth (Street and Number)* 84 asquith st
5. *Full Name of Mother* mary ann hess
6. *Mother's Maiden Name* mary ann miller
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Isaac hess
9. *Father's Occupation* telegraph operator
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. mrs lean fatzman

Address no 32 short st

Remarks healthy child

29151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th January
4. *Place of Birth (Street and Number)* 705 N. Highland St
5. *Full Name of Mother* Magdalena Dorsch
6. *Mother's Maiden Name* Magdalena Schauer
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* J. Geo. Dorsch
9. *Father's Occupation* Gardening
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schaefer

Address 60 Schroeder

Remarks

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
31
1879
BALTIMORE

advise at the birth of any child ... date of birth, sex, and color of the child or children within six days thereafter, stating ... born, its or their physical condition, whether ... of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 26th 1879
4. Place of Birth (Street and Number)	28 Bath Street
5. Full Name of Mother	Lottie Butler
6. Mother's Maiden Name	
7. Mother's Birthplace	St Marys Co Md
8. Full Name of Father	Alexander Gough
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	St Marys Co Md
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs Midwife
Address	42 Sharp St
Remarks	

RETURN OF A BIRTH.

29153

HEALTH DEPARTMENT
FEB
12
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

adviso at the birth of any child, within the city of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* January 26th
4. *Place of Birth (Street and Number)* Baltimore No 90 Paine st
5. *Full Name of Mother* Mary Strawter
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Strawter
9. *Father's Occupation* Oysters Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 988 Cross street

Remarks

RETURN OF A BIRTH.

291511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 1 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 27th
4. *Place of Birth (Street and Number)* 272 Calvert St
5. *Full Name of Mother* Annie Roberson
6. *Mother's Maiden Name* Mill Krause
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fred Roberson
9. *Father's Occupation* Laybor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jabb

Address 419 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* wht.
3. *Date of Birth* 27 Jany 1879
4. *Place of Birth (Street and Number)* 363 N. Central ave
5. *Full Name of Mother* Sadie R Buttner
6. *Mother's Maiden Name* " " Jeckins
7. *Mother's Birthplace* md
8. *Full Name of Father* John L. Buttner
9. *Father's Occupation* —
10. *Father's Birthplace* md.

Name of Medical Attendant, or other Person who makes this Return. Os Lane Tanneyhill

Address 129 W Biddle St

Remarks Premature rupture of membranes, but child at full term: instrumental interference, no untoward result.

at the birth of any child, within the City of [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 11 1879 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Jan. 27. 1879

4. Place of Birth (Street and Number) S. Ann str 231.

5. Full Name of Mother Margarethe Getz

6. Mother's Maiden Name Hoffmann

7. Mother's Birthplace Eckholsheim Beiern

8. Full Name of Father Joh. Getz

9. Father's Occupation Wurftwarker

10. Father's Birthplace Leiweres Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baugrach

Address S. Wolfstr No 28

Remarks Midwife

29157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 27th
4. *Place of Birth (Street and Number)* 15 Spring Court
5. *Full Name of Mother* Camilla Lehnhart
6. *Mother's Maiden Name* " Blode
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lehnhart
9. *Father's Occupation* Porter
10. *Father's Birthplace* Kur. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St

Remarks

at the birth of any child, within the City of Baltimore, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 27th 1879
4. Place of Birth (Street and Number) N. Baltimore 691
5. Full Name of Mother Marietta Durborow
6. Mother's Maiden Name Marietta Ledmum
7. Mother's Birthplace Maryland
8. Full Name of Father Alfred Durborow
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address 124 N Exeter St

Remarks

29159

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 27 of January
4. *Place of Birth (Street and Number)* Bevan st No 12
5. *Full Name of Mother* Margret Smith
6. *Mother's Maiden Name* Margret King
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick Smith
9. *Father's Occupation* Coker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Münch

Address 98 Leatenhall Mitt

Remarks

at the birth of any child, within the City of Baltimore, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 27th 1879
4. Place of Birth (Street and Number) No 157 South Chopstank St
5. Full Name of Mother Philomena Georges
6. Mother's Maiden Name Philomena Ackermann
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Frank Adam Georges
9. Father's Occupation Stevedore
10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gray

Address No 193 South Chester Street

Remarks Healthy Child

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth January 27th 1879
4. Place of Birth (Street and Number) No 378 N. Gay St.
5. Full Name of Mother Matilda Josephine Wilcox
6. Mother's Maiden Name Matilda Josephine Cochran
7. Mother's Birthplace Balto. City
8. Full Name of Father Thomas James Wilcox
9. Father's Occupation Hardware dealer
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address No 341 N. Broadway

Remarks

29162

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
3
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 21st 1879
4. *Place of Birth (Street and Number)* No 254 Front st
5. *Full Name of Mother* Mary Brenner
6. *Mother's Maiden Name* Mary Linch
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Charles Brenner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist
Address 182 E Monument st
Remarks

29163

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* jan 24
4. *Place of Birth (Street and Number)* 88 chestnut st
5. *Full Name of Mother* marda Jones
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs lear fatman

Address no 32 short st

Remarks healthy child

29164

HEALTH DEPARTMENT
FEB 5 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 27 1879
4. *Place of Birth (Street and Number)* Canton Bennett st 20
5. *Full Name of Mother* Annie Jubb
6. *Mother's Maiden Name* Annie Elliott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Henry Jubb
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

the after, stating distinctly the date of birth, sex, and color, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 27th 1879
4. *Place of Birth (Street and Number)*	# 144 Chapel Str.
5. *Full Name of Mother*	Rb. Driver
6. *Mother's Maiden Name*	Rebecca Baptist
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Alex Driver
9. *Father's Occupation*	Car Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 171 Washington Str
Remarks	F.R.

RETURN OF A BIRTH.

29166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

1711

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (~~state whether Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Jan 27th 1879
4. Place of Birth (Street and Number) Comet St bet 6
5. Full Name of Mother Ida Ellen Church
6. Mother's Maiden Name " " Leach
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Franklin Church
9. Father's Occupation Bill Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Hayes

Address 18 Aisquith St Balto

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and ... born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th January
4. Place of Birth (Street and Number)	No 151 Chestnut corner of Exeter
5. Full Name of Mother	Elizabeth B Dougherty
6. Mother's Maiden Name	Elizabeth B Southcomb
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph T Dougherty
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Isabella Thyer
Address	No 268 E Monument St
Remarks	

RETURN OF A BIRTH.

29168

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st, first

1. *Sex (state whether Male or Female)* female.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* January 27, A. D., 1879.
4. *Place of Birth (Street and Number)* Baltimore, city, no. 14 wheeler, East
5. *Full Name of Mother* Martha Edmonia Anthony
6. *Mother's Maiden Name* Martha Edmonia Frederick
7. *Mother's Birthplace* Montgomery, county, Maryland,
8. *Full Name of Father* Charles Titus Anthony
9. *Father's Occupation* Laying and cleaning.
10. *Father's Birthplace* Washington city, D. C.

Name of Medical Attendant, or other Person who makes this Return. Martha Frederick

Address No. 14 wheeler street Baltimore city, Md.

Remarks The child is born and yet living

29169

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 29th 1879
4. *Place of Birth (Street and Number)* 54 Mount St.
5. *Full Name of Mother* Mary Farley
6. *Mother's Maiden Name* Mary Veith
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thomas Farley
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this return A. C. Fox. M.D.

Address 109 E. Chase Street,

Remarks

within six days thereafter, stating distinctly the date of Birth, Sex, and Color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29170

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born January 27
4. *Place of Birth (Street and Number)* Baltimore Russel st No 18
5. *Full Name of Mother* Lily Bowler
6. *Mother's Maiden Name* " Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bowler
9. *Father's Occupation* Oyster Schucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson M.D.

Address 988 Cross st

Remarks

RETURN OF A BIRTH.

29171.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 January
4. Place of Birth (Street and Number)	No. 6 Greenmount Ave
5. Full Name of Mother	Catharine A. Cassidy
6. Mother's Maiden Name	Callan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Francis Cassidy
9. Father's Occupation	Stone Mason
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Warren J. Chrisman
Address	No 7 Forrest Place
Remarks	

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color, [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5'
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 January
4. Place of Birth (Street and Number)	36 Holland St
5. Full Name of Mother	Agnes I Baker
6. Mother's Maiden Name	Scrangle
7. Mother's Birthplace	Camden N J
8. Full Name of Father	John Baker
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrimmer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

29173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan 28. 1879
4. *Place of Birth (Street and Number)* S. Wolfe str No 31.
5. *Full Name of Mother* Louise Recktenwald
6. *Mother's Maiden Name* Ried
7. *Mother's Birthplace* Frommersbach Bayern
8. *Full Name of Father* Fritz Recktenwald
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Baumbach

Address S. Wolfe str No 28

Remarks Midwife

within six days thereafter, stating distinctly the date of birth, sex, and color born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Jan 28, 1879
4. Place of Birth (Street and Number) S. Koestelstr No 6.
5. Full Name of Mother Katharina Diem
6. Mother's Maiden Name Fischer
7. Mother's Birthplace Baltimore
8. Full Name of Father Ulrich Diem
9. Father's Occupation Tailor
10. Father's Birthplace Hauendorf Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Baugzach

Address S. Wolfstr No 28

Remarks Midwife

29175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 divided
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	January 28th 1879
4. Place of Birth (Street and Number)	S. Front St 130
5. Full Name of Mother	Salva Ellsweig
6. Mother's Maiden Name	" Hoyter
7. Mother's Birthplace	Russia
8. Full Name of Father	Israel Ellsweig
9. Father's Occupation	Trimer
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Wm R. Wallis
Address	48 Holland St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28, 1879
4. *Place of Birth (Street and Number)* 188 South register st
5. *Full Name of Mother* Sarah E Dotson
6. *Mother's Maiden Name* Sarah E casey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George W Dotson
9. *Father's Occupation* wire worker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child and mother

1. Sex (state whether Male or Female) female Child
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Jan the 28 1879
4. Place of Birth (Street and Number) 245 orleans St Baltimore md
5. Full Name of Mother Rosey Ann Mitchel
6. Mother's Maiden Name Rosey Ann Berney
7. Mother's Birthplace Dorchesstor County md
8. Full Name of Father John Mitchel
9. Father's Occupation Labor
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Rogesster St Baltimore md

Remarks

RETURN OF A BIRTH.

29178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 11 1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* Jan the 24.18.79
4. *Place of Birth (Street and Number)* Chaple st 141 Baltimore md
5. *Full Name of Mother* Eliza Johnson
6. *Mother's Maiden Name* Eliza Lewis
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Isaac Johnson
9. *Father's Occupation* Bucklor
10. *Father's Birthplace* Baltimore County md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Walford

Address 130 Eagle st Baltimore md

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29179

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 28 th 1879
4. *Place of Birth (Street and Number)* Baltimore Mulliken. St 175
5. *Full Name of Mother* Mary Stuart
6. *Mother's Maiden Name* Mary Hill
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Amos Stuart
9. *Father's Occupation* White Washer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. City Lookman

Address No 91 Mc Elderry St Extended

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child, whether single, twin or triplet, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29180

HEALTH DEPARTMENT
JAN 31 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28
4. *Place of Birth (Street and Number)* No 105 Granby St
5. *Full Name of Mother* Margaretta Orsolin
6. *Mother's Maiden Name* Orsolin
7. *Mother's Birthplace* Stillian
8. *Full Name of Father* Peter Galli
9. *Father's Occupation* Stone Breaker
10. *Father's Birthplace* Stillian

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

thereafter, stating distinctly the date of birth, sex, color, and condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29181

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th January
4. *Place of Birth (Street and Number)* Kolbuba Street Locust Point Baltimore
5. *Full Name of Mother* Mary Ann Campbell
6. *Mother's Maiden Name* Mary Ann Carlin
7. *Mother's Birthplace* London Werry Ireland
8. *Full Name of Father* Archibald Campbell
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Margret Ettel

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29189

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & Children

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 28 of January 1879
4. *Place of Birth (Street and Number)* Battry Avenue No. 216
5. *Full Name of Mother* Mary M.C. Parland
6. *Mother's Maiden Name* Mary Comble
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Michael M.C. Parland
9. *Father's Occupation* Laiberer
10. *Father's Birthplace* Irland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Salena Grishaber

Address No 128 West St. Baltimor Md.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and name of the mother of such child or children.

29183

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 28th 1879
4. Place of Birth (Street and Number)	# 5 Pleasant Alley, FP.
5. Full Name of Mother	A. Knight McKeon.
6. Mother's Maiden Name	Annie Knight
7. Mother's Birthplace	Ireland
8. Full Name of Father	Lawrence McKeon.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms.
Address	# 171 E Washington Str.
Remarks	FP.

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RETURN OF A BIRTH.

29184

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE
30
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 28 th 1879
4. *Place of Birth (Street and Number)*	N° 257 Cross st
5. *Full Name of Mother*	Rosa Lilie
6. *Mother's Maiden Name*	Woodward
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Sedner Lilie
9. *Father's Occupation*	Glass blower
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	330 Hanover st.
Remarks	

thereafter, stating distinctly the date of ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29184

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)		First
1. *Sex (state whether Male or Female)*		Male
2. *Race or Color (if not of the white race)*		White
3. *Date of Birth*		Jan. 28th. 1879.
4. *Place of Birth (Street and Number)*		136 George St.
5. *Full Name of Mother*		Carrie Elizabeth Leake
6. *Mother's Maiden Name*		Reamy
7. *Mother's Birthplace*		Queen Annie's Co. Md
8. *Full Name of Father*		Jas. G. Leake
9. *Father's Occupation*	Printer	(Balto. City Md).
10. *Father's Birthplace*		Balto. City. Md
Name of Medical Attendant, or other Person who makes this Return.		J. H. Christian M.D.
Address		431 Penna. Ave.
Remarks		

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 28th of January 1879

4. Place of Birth (Street and Number) 75 North Washington st

5. Full Name of Mother Kuni Leistein

6. Mother's Maiden Name Kuni Raum

7. Mother's Birthplace Germany

8. Full Name of Father Ino Raum

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Runkel

Address 11 North Chappel st pr Jon Runkel

Remarks Healthy

RETURN OF A BIRTH.

29187

HEALTH DEPARTMENT
JAN 31 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 January
4. *Place of Birth (Street and Number)* 62 Albemarle
5. *Full Name of Mother* Fannie Gosnell
6. *Mother's Maiden Name* Fannie Decraffe
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John Gosnell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs. Eliza Flanigan

Address 75 Albemarle st

Remarks Baltimore Md

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
31
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 28, 1879.
4. *Place of Birth (Street and Number)* N. Chappel St. No. 30.
5. *Full Name of Mother* Elisabetha Steinsdorfer
6. *Mother's Maiden Name* Elisabetha Portner
7. *Mother's Birthplace* Ronsberg. K.K. Oestreich. Europa
8. *Full Name of Father* George Steinsdorfer
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Dehenten. K.K. Oestreich. Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No. 26.

Remarks

thereafter, stating distinctly the date of birth, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29189

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 28th 1879
4. Place of Birth (Street and Number) N 121 W Biddle S
5. Full Name of Mother Louisa A. Nunn
6. Mother's Maiden Name Louisa A. Krug
7. Mother's Birthplace Baltimore
8. Full Name of Father Stephen E. Nunn
9. Father's Occupation Machinist
10. Father's Birthplace Harford Cy Md

Name of Medical Attendant, or other Person who makes this Return. F. Ratary M.D.

Address N 114 Park Ave

Remarks

29190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE.

Within six days thereafter, stating distinctly the date of birth, sex, and color of child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 25th 1879
4. Place of Birth (Street and Number) No 38 Park Ave
5. Full Name of Mother P. Genbrich
6. Mother's Maiden Name P. Nispall
7. Mother's Birthplace Germany
8. Full Name of Father Frank Genbrich
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 152 E Monument St

Remarks

29191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28th 1879
4. *Place of Birth (Street and Number)* No 203 N. Carlin st
5. *Full Name of Mother* Charlotte Saplin
6. *Mother's Maiden Name* Charlotte Pluck
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Nils Saplin
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Sweden

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegest

Address 182 E. Monument st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, race, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29192

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* German
3. *Date of Birth* January 28th 1879
4. *Place of Birth (Street and Number)* # 9 South Spring
5. *Full Name of Mother* Wilhelmina Knicking
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Knicking
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. F. E. Fooks M.D.

Address 241 E Balto St

Remarks

RETURN OF A BIRTH.

29193

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

l of Mother (state whether 1st, 2d, 3d, &c.)	2
e whether Male or Female)	female
Color (if not of the white race)	Collard
Birth	28 of January
Birth (Street and Number)	108 Montgomery
me of Mother	M F White
Maiden Name	"
Birthplace	not known
me of Father	" "
Occupation	" "
Birthplace	" "
f Medical Attendant, or other Person who makes this Return.	Mary Berend

29194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* 29 January 1879
4. *Place of Birth (Street and Number)* 63 Chesnut St
5. *Full Name of Mother* Carolina Rosenblatt
6. *Mother's Maiden Name* Rotbard
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Joseph Rosenblatt
9. *Father's Occupation* Pedler
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casey

Address 52 E Lombard St

Remarks

thereafter, stating distinctly the date of birth, sex, and color, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	January 29 1879
4. Place of Birth (Street and Number)	Pratt St 332
5. Full Name of Mother	Josephine Spanier
6. Mother's Maiden Name	" Loeb
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Peter Spanier
9. Father's Occupation	Restaurant
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. Kelly
Address	45 Holland St. Balto Md
Remarks	

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

RETURN OF A BIRTH.

29196

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 th Jan 1879.
4. Place of Birth (Street and Number)	No 145 Ridley st
5. Full Name of Mother	Emily C Edst
6. Mother's Maiden Name	Emily Jinkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry East
9. Father's Occupation	Painter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Magauran
Address	Russell St
Remarks	No 90

within six days thereafter, stating distinctly the date of birth, sex, and color of the [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Jan 31st 1879

HEALTH DEPT. JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 29th 1879.
4. *Place of Birth (Street and Number)* 331 Eastern Ave.
5. *Full Name of Mother* Susia Bohlager.
6. *Mother's Maiden Name* Susia Keller.
7. *Mother's Birthplace* America.
8. *Full Name of Father* James Bohlager.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe St.

Remarks CB

29198

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 11.

1. Sex (state whether Male or Female) white female
2. Race or Color (if not of the white race) white
3. Date of Birth 29 December 78.
4. Place of Birth (Street and Number) Stockton Alley No. 33.
5. Full Name of Mother Albertina M. Lehnert
6. Mother's Maiden Name Albertina Knapp
7. Mother's Birthplace Tremontown Balt. County
8. Full Name of Father Charles Lehnert
9. Father's Occupation Agent.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Mr. Th. Young

Remarks S. 803 Wirth Prudential

RETURN OF A BIRTH.

29199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female.
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Jan. 29 1879
4. *Place of Birth (Street and Number)* Maternite Hospitale
5. *Full Name of Mother* Louisa Wiehl
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett Res. House Phys.

Address Maternite Hospitale

Remarks Came to Hospitale in labor and are now doing well.

thereafter, stating distinctly the date of birth, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Chind

1. *Sex (state whether Male or Female).* male child
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 of January
4. *Place of Birth (Street and Number)* 51 Lankcaster
5. *Full Name of Mother* Lizzie Dash
6. *Mother's Maiden Name* Lizzie Frady
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Dash
9. *Father's Occupation* Labor
10. *Father's Birthplace* on the Sea

Name of Medical Attendant, or other Person who makes this return Mary L Swanye

Address 56 Lagoon street

Remarks mother and Child all Doing Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29201

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 29th January
4. *Place of Birth (Street and Number)* No 1. Conner Cuk so and Clementhst locust pa Hall.
5. *Full Name of Mother* ann Cathrine Mengerzen
6. *Mother's Maiden Name* ann Cathrine Stapfan
7. *Mother's Birthplace* Germney
8. *Full Name of Father* August Mengerzen
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germoly.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Margret Ellee

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29909

HEALTH DEPARTMENT
JAN
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 29 th 1879
4. *Place of Birth (Street and Number)* 71 Fort ap.
5. *Full Name of Mother* Carrie Seward
6. *Mother's Maiden Name* Parson
7. *Mother's Birthplace* America
8. *Full Name of Father* Andrew Seward
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgasser midwife

Address 330 Hanover st.

Remarks

thereafter, stating distinctly the date of birth, sex, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29203

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 29th 1879
4. *Place of Birth (Street and Number)* No 22 Marketmarket space.
5. *Full Name of Mother* Mary Theler
6. *Mother's Maiden Name* Telle
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Emil Theler
9. *Father's Occupation* Clarkeeper
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lobegeier midwife

Address 330 Hanover st.

Remarks

thereafter, stating distinctly the date of ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jan 29 1879
4. *Place of Birth (Street and Number)*	No 89 Scott st
5. *Full Name of Mother*	Cathern Oster
6. *Mother's Maiden Name*	Conrad
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Jacob Oster
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrogsser Midwife
Address	330 Hanover st.
Remarks	

thereafter, stating distinctly the date of each ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29205

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany. 29th 1879
4. *Place of Birth (Street and Number)* [illegible] Collington av 2nd door [illegible]
5. *Full Name of Mother* Eugenia E. Lennan
6. *Mother's Maiden Name* Eugenia E. Brooks
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alvin Sawyer Lennan
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address [illegible] Broadway

Remarks

thereafter, stating distinctly the date of birth, sex, and [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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29206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether ~~male or female~~)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 29. 1879.
4. *Place of Birth (Street and Number)* Camden St. No. 62,
5. *Full Name of Mother* Maria Krönecke.
6. *Mother's Maiden Name* Maria Henning
7. *Mother's Birthplace* Monroe. K. Preussen. Germany
8. *Full Name of Father* Werner Krönecke
9. *Father's Occupation* Wine Dealer
10. *Father's Birthplace* Frohnhausen. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26

Remarks

thereafter, stating distinctly the date of birth, ... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29th January 1879
4. Place of Birth (Street and Number) 396 Pennsylvania Avenue
5. Full Name of Mother Martha Kuhn
6. Mother's Maiden Name " Pohlsen
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Kuhn
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigelding

Address 14 Union St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1879
BALTIMORE

...d of Mother (state whether 1st, 2d, 3d, &c.)	1
...te whether Male or Female)	Female
... Color (if not of the white race)	Color
... Birth	29 January
... Birth (Street and Number)	134 Charles
...me of Mother	Sophia Banks
... Maiden Name	not known
... Birthplace	" "
...me of Father	Billy Banks
... Occupation	Tramp
... Birthplace	not known
...f Medical Attendant, or other Person who makes this Return.	Mary Bevans
...	
...R	

RETURN OF A BIRTH.

29209

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 January 1879
4. *Place of Birth (Street and Number)* 78 Lombard St
5. *Full Name of Mother* Marie Olsen
6. *Mother's Maiden Name* Peiper
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Philip Olsen
9. *Father's Occupation* Driver
10. *Father's Birthplace* M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 82 S Lombard St

Remarks

thereafter, stating distinctly the date of birth, sex, and color... condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29210

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30 January 1879
4. *Place of Birth (Street and Number)* 128 Canal St
5. *Full Name of Mother* Babett Miller
6. *Mother's Maiden Name* Hannam
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Samuel Miller
9. *Father's Occupation* Cutler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Jas Cooper

Address 52 E Lombard St

Remarks

thereafter, stating distinctly the date of birth, sex, and color of child, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 30th, 1879
4. *Place of Birth (Street and Number)* 0 Monument St. 73
5. *Full Name of Mother* Maggie Tyler
6. *Mother's Maiden Name* " Warner
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Samuel Tyler
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mc Rod Oblig

Address 48 Holland St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

99212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30 January 1879.
4. *Place of Birth (Street and Number)* 98 Hanover St.
5. *Full Name of Mother* Mathilda Mack
6. *Mother's Maiden Name* " Hanklemann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Mack
9. *Father's Occupation* Tiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Cook

Address 328 north Eutaw St

Remarks

thereafter, stating distinctly the date of birth, sex, and color, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29213

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30 January 1879
4. *Place of Birth (Street and Number)* 360 Sharp st
5. *Full Name of Mother* Anna Koff
6. *Mother's Maiden Name* " Werner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Koff
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 32 South Eutaw st

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Cold
3. Date of Birth 30th Jany 79
4. Place of Birth (Street and Number) 499 Morcaler St.
5. Full Name of Mother Ann Dockings
6. Mother's Maiden Name Ann Hooper
7. Mother's Birthplace Havre De Grace Md
8. Full Name of Father Andrew Dockings
9. Father's Occupation Laborer
10. Father's Birthplace Dorchester Md

Name of Medical Attendant, or other Person who makes this Return. Leo Walker

Address 198 Shallow St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29215

HEALTH DEPARTMENT
FEB 5 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 30th 1879
4. *Place of Birth (Street and Number)* N.E. Cor. Pratt and Bethel
5. *Full Name of Mother* Birthey B. Fleishman
6. *Mother's Maiden Name* Birthe B. Kahn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Moritz Chas. Fleishman
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29216

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) Fourth

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 30th 1879.
4. *Place of Birth (Street and Number)* 63 S. Jun St.
5. *Full Name of Mother* Laura Jane Cooper,
6. *Mother's Maiden Name* Laura J. Baker.
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Capt. John Henry Cooper
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Mashill

Address 247 S Broadway

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if colored born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29217

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 30th January 1879
4. Place of Birth (Street and Number) 182 E Pratt st
5. Full Name of Mother Anna Litschfield
6. Mother's Maiden Name " Barth
7. Mother's Birthplace Baltimore
8. Full Name of Father John Litschfield
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29218

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
6
1879
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30th January 1879
4. Place of Birth (Street and Number) No 30 Thames st
5. Full Name of Mother Margaretha Stelz
6. Mother's Maiden Name " Mueller
7. Mother's Birthplace Germany
8. Full Name of Father George Stelz
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

29219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~ 2d, ~~3d~~, etc.)	2d.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	January 30th. 1879.
4. *Place of Birth (Street and Number)*	76 Bisson St. Locust Point.
5. *Full Name of Mother*	Margaret Smith.
6. *Mother's Maiden Name*	Margaret Skanary.
7. *Mother's Birthplace*	Berlin. Prussia.
8. *Full Name of Father*	John C. Smith.
9. *Father's Occupation*	Bread Baker.
10. *Father's Birthplace*	Berlin. Prussia.
Name of Medical Attendant, or other Person who makes this Return.	J. J. Sullivan. M. D.
Address	116 Thames St.
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* one boy and two girls
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* on the 30th of January
4. *Place of Birth (Street and Number)* Baltimore Street N.W. No 11
5. *Full Name of Mother* Elizabeth Heil
6. *Mother's Maiden Name* Elisabeth Burger
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Fredrick Heil
9. *Father's Occupation* a carpenter
10. *Father's Birthplace* born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lebach

Address 439 West Pratt St ~~a 3rd mes [illegible]~~

Remarks

RETURN OF A BIRTH.

29221

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3 1879
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Three A. M. Jan 30
4. *Place of Birth (Street and Number)*	56 S. Arlington Ave Balt Md
5. *Full Name of Mother*	Mary Ellen Thomas Hartman
6. *Mother's Maiden Name*	" " "
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Philip Hartman
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seebach 439 W. Pratt
Address	
Remarks	

RETURN OF A BIRTH.

29222

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	White. Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Twelve. oclock Jan 30th
4. Place of Birth (Street and Number)	489 west. Batt. st. Balto. Md.
5. Full Name of Mother	Elizabeth. Neimaier. Donnelly
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	James. William. Donnelly
9. Father's Occupation	tin. and. sheet. iron. worker
10. Father's Birthplace	Washington. D.C.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seebach. 439. W. Batt. st
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2922.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	January 30
4. *Place of Birth (Street and Number)*	903 Lamburg St
5. *Full Name of Mother*	Melvina Dorsey Westmoreland
6. *Mother's Maiden Name*	via
7. *Mother's Birthplace*	
8. *Full Name of Father*	John Dorsey Sr
9. *Father's Occupation*	Steward
10. *Father's Birthplace*	Northumberland county via
Name of Medical Attendant, or other Person who makes this return	Charity St Boulder
Address	913 South Eutaw St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan 30. 1879
4. *Place of Birth (Street and Number)* U. Warschington 31.
5. *Full Name of Mother* Franziska Hochhaus
6. *Mother's Maiden Name* Strobel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Hochhaus
9. *Father's Occupation* Electrobleter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baugrach

Address S. Wolfstr No 28

Remarks Mindwif

29225

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 January
4. *Place of Birth (Street and Number)* 42 Barnes St
5. *Full Name of Mother* Josefiene Novotny
6. *Mother's Maiden Name* Sedlak
7. *Mother's Birthplace* Sholic Bohemia
8. *Full Name of Father* Wenzel Novotny
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Samoin Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

29226

HEALTH DEPARTMENT
FEB 12 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 30th 1879.
4. *Place of Birth (Street and Number)* No. 19. Horn St.
5. *Full Name of Mother* Mary Thuder.
6. *Mother's Maiden Name* Mary Adams.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm Thuder.
9. *Father's Occupation* Furniture Haller
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No. 185 S. E. cor. Central av. & Monument St

Remarks All well.

thereafter, stating distinctly the date of birth, sex, and color of the child or children, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29227

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born January 30th
4. *Place of Birth (Street and Number)* Baltimore No 184 West st
5. *Full Name of Mother* Alverter Watts
6. *Mother's Maiden Name* " Hazelton
7. *Mother's Birthplace* Kent Island
8. *Full Name of Father* Joseph Watts
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address No 988 Cross Street

Remarks

29928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* 31 January 1879
4. *Place of Birth (Street and Number)* 43 Cumberland
5. *Full Name of Mother* Annie Hankins
6. *Mother's Maiden Name* Pindell
7. *Mother's Birthplace* U S
8. *Full Name of Father* David C Hankins
9. *Father's Occupation* Clerk
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E Lombard St

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child, and condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 31st 1879
4. *Place of Birth (Street and Number)* No 8 Colton st "
5. *Full Name of Mother* Mary Shickell "
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Lake Slater
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Milly Blake

Address No 8 Colton st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 31 Jany 1879
4. *Place of Birth (Street and Number)* 45 Linden ave
5. *Full Name of Mother* Louisa Wesleny
6. *Mother's Maiden Name* " Denny
7. *Mother's Birthplace* Va
8. *Full Name of Father* James Denny
9. *Father's Occupation* U. S. Naval service
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Gstane Tanerghill

Address 129 W Biddle

Remarks A premature birth, foetal age 6 mo-
chied lived about 10 minutes
but breathed perfectly.

thereafter, stating distinctly the date of birth, sex, and color of the child or children, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29231

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 31st January 1879.
4. *Place of Birth (Street and Number)* 116 E. Baltimore str.
5. *Full Name of Mother* Mary E. Payne
6. *Mother's Maiden Name* " Stone
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Morgan Payne
9. *Father's Occupation* Printer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein

Address 113 E. Lombard str.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so named born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31st January 1879
4. *Place of Birth (Street and Number)* 268 S. Caroline St
5. *Full Name of Mother* Mary Havemann
6. *Mother's Maiden Name* " Sonnemann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Dietrich Havemann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Friedrike Kauffmann

Address 204 S. Dallas St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 31st 1879
4. *Place of Birth (Street and Number)* No 22 Elbow Lane
5. *Full Name of Mother* Sofia Ringgold
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jacob Ringgold
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 11 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

299311

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPT. 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31st January 1879
4. Place of Birth (Street and Number) 296 Saratoga st
5. Full Name of Mother Frederika Aerser
6. Mother's Maiden Name " Eigenmeier
7. Mother's Birthplace Baltimore
8. Full Name of Father Gustav Aerser
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigelsinger

Address 14 Marion st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child Salomon

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 January 1879
4. *Place of Birth (Street and Number)* Baltimore Bedel
5. *Full Name of Mother* Bolele
6. *Mother's Maiden Name* Bender
7. *Mother's Birthplace* Bohannon
8. *Full Name of Father* Jno. Bender
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohannon

Name of Medical Attendant, or other Person who makes this Return. Mary Baptiste

Address 69 Washington st

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child of [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 31st 1879
4. *Place of Birth (Street and Number)* N.E. corner Jackson Sq. Ave + Chester St.
5. *Full Name of Mother* Sophie Gengnagel
6. *Mother's Maiden Name* Sophie Maasch
7. *Mother's Birthplace* Jackson Sq Ave and Gist Str.
8. *Full Name of Father* George William Gengnagel
9. *Father's Occupation* Butcher
10. *Father's Birthplace* N.E. corner Jackson Sq. Ave. + Chester St.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Ln

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2923

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 " "

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 31 " Jan.
4. *Place of Birth (Street and Number)* cor of Broadway & Monument st.
5. *Full Name of Mother* Mary Gertrude
6. *Mother's Maiden Name* Richter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Gerhard
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address 61 E Eut Pratt st.

Remarks

RETURN OF A BIRTH.

29238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ol

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* 31st January 1879
4. *Place of Birth (Street and Number)* 34 Thames St
5. *Full Name of Mother* Dora Neiger
6. *Mother's Maiden Name* " Koehler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Neiger
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Shraft

Address 236 Canton Avenue

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4 C

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Jan. 31. 1879
4. Place of Birth (Street and Number) Cemitery Alley No 19
5. Full Name of Mother Theresia Resch
6. Mother's Maiden Name Kunzmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Franz Resch
9. Father's Occupation Brikleyer
10. Father's Birthplace Sausbach Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address S. Wolfstr No 28

Remarks Midwife

RETURN OF A BIRTH.

292110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 31.
4. *Place of Birth (Street and Number)* 299 E. Madison St
5. *Full Name of Mother* Mary C. McCubbin
6. *Mother's Maiden Name* " Irvine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joshua L. McCubbin
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isabelle Oliver

Address

Remarks

RETURN OF A BIRTH.

29241

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 January
4. Place of Birth (Street and Number)	172 High St
5. Full Name of Mother	Mary Rooney
6. Mother's Maiden Name	Sadler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Rooney
9. Father's Occupation	Currier
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrissmer
Address	No 7 Fossett Place
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	Jan. 31st 1879
4. Place of Birth (Street and Number)	0 Chestnut St. 152
5. Full Name of Mother	Matilda Blank
6. Mother's Maiden Name	" Loenthal
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Levy Blank
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Saxon Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rosy Helbig
Address	48 Holland St.
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Jany - 31st - 1879
4. Place of Birth (Street and Number) 29 North Exeter St -
5. Full Name of Mother Mary Johnson
6. Mother's Maiden Name Mary Fitts
7. Mother's Birthplace Belfast - Ireland
8. Full Name of Father John Johnson
9. Father's Occupation Clerk
10. Father's Birthplace Hillsborough Co Down Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Race

Address No 26. N Friedrich Strasse B. Riegs. L. M.

Remarks

advise at the office of any ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29244

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 31. st. 1879.
4. *Place of Birth (Street and Number)* No. 361. S.E. cor. Cleans & Washington
5. *Full Name of Mother* Lizzie Hättrich
6. *Mother's Maiden Name* Frieske.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Henry Hättrich
9. *Father's Occupation* Provission Store
10. *Father's Birthplace* Prussia, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt.

Address No 185. S.E. cor. Central av. & Monument St.

Remarks All well.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29245

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth Jan 31st 1879.

4. Place of Birth (Street and Number) William Street 11 = 283.

5. Full Name of Mother Anna C. Lemmon

6. Mother's Maiden Name Anna C Dannick.

7. Mother's Birthplace Balt= Md.

8. Full Name of Father William J Lemmon

9. Father's Occupation Police Officer

10. Father's Birthplace Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Theo Brune

Address 114 Battery Ave.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 16th. 1879.
4. *Place of Birth (Street and Number)* No 441. ~~Ann~~ St. Eager St.
5. *Full Name of Mother* Sillia Popp
6. *Mother's Maiden Name* Sillia Simpson
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Popp.
9. *Father's Occupation* Barr Keeper
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address No. 185. S.E. cor. Central av. & Monument St

Remarks Well.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29247

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 18th 1879
4. Place of Birth (Street and Number) No. 10 Bowery St
5. Full Name of Mother Ellen Kelly
6. Mother's Maiden Name Ellen Carroll
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Kelly
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester St

Remarks Healthy Child

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
19
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 of November
4. *Place of Birth (Street and Number)* Bond and Bond
5. *Full Name of Mother* Winnie Rabong
6. *Mother's Maiden Name* " " " Conry
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James S. Rabong
9. *Father's Occupation* Copper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Walsh
Address 125 S. Caroline
Remarks Col.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

advise at the birth of any child, within the [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child [illegible] born, its or their physical condition, whether still born, or not, the full name, nativity, and [illegible] the parents, and the m[illegible] children.

To the Office of Registrar of Vital [illegible] of Health,

BALTIMORE CITY.

Tobias Peters

HEALTH DEPARTMENT
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
Race or Color (if not of the white race)	White
Date of Birth	Sept 29-78.
Place of Birth (Street and Number)	441 N Pratt
Full Name of Mother	Hellena M. Peters
Mother's Maiden Name	Young
Mother's Birthplace	Baltimore
Full Name of Father	Chas Fred W. Peters
Father's Occupation	Tinner
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this return	Lewis M. Eastman M.D.
Address	
Remarks	Exp

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

A

RETURN OF A BIRTH.

29250

over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT REC'D 12 OCT 1879 BALTIMORE.

Name of Child: ~~Millard Fillmore~~ Herbert Elmore Cross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state ~~whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Oct 2. 78
4. Place of Birth (Street and Number) 104 George
5. Full Name of Mother Emma Louisa (Crop) Cross
6. Mother's Maiden Name Merrick
7. Mother's Birthplace Harpers Ferry
8. Full Name of Father ~~Milford~~ Millard Fillmore (Crop) Cross
9. Father's Occupation Shoe fitter
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this return Lewis M Vastman

Address [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childr[illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 10 78
4. *Place of Birth (Street and Number)* 157 N Fremont
5. *Full Name of Mother* Mariella High
6. *Mother's Maiden Name* Ray
7. *Mother's Birthplace* Balto Co
8. *Full Name of Father* Paul High
9. *Father's Occupation* Segar Maker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this return Louis M Eastman

Address 349

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.)~~

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white ~~race)~~*
3. *Date of Birth* Oct. 16. 78.
4. *Place of Birth (Street and Number)* 441 W Pratt
5. *Full Name of Mother* My Eliz Thomas
6. *Mother's Maiden Name* Peters
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Melanchthon Thomas
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white ~~race~~)*
3. *Date of Birth* 25 Oct 78
4. *Place of Birth (Street and Number)* 578 W Balto St
5. *Full Name of Mother* Ellen O'Tool
6. *Mother's Maiden Name* Doale
7. *Mother's Birthplace* Dublin Ind
8. *Full Name of Father* Jno. O'Tool
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Dublin Ind

Name of Medical Attendant, or other Person who makes this return [illegible]

Address 349 [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child[illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (~~state whether~~ Male or ~~Female~~)*
2. *Race or Color (~~if not of the~~ white ~~race~~)*
3. *Date of Birth* Oct 27, 78
4. *Place of Birth (Street and Number)* 63 N Poppleton
5. *Full Name of Mother* Josephine Hackman
6. *Mother's Maiden Name* Barlage
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas. Hackman
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return [illegible]

Address 1349 [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color ~~(if not of the~~ white ~~race)~~*
3. *Date of Birth* Nov 4, 1878,
4. *Place of Birth (Street and Number)* 483 Saratoga
5. *Full Name of Mother* Sarah Sophia Johnson
6. *Mother's Maiden Name* Conn
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Frederick Johnson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return [signature]

Address [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child... born, its or their physical condition, whether still born or not, the full name, nativity, and residence... the parents, and the maiden name of the mother of such child or children.

29256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Confinement Twinnes

1. Sex (state whether Male or Female) boy & girl
2. Race or Color (if not of the white race) White
3. Date of Birth Christmas – Dec 25th – 1878
4. Place of Birth (Street and Number) 242 W. Pratt
5. Full Name of Mother Clara Eppler
6. Mother's Maiden Name " Both
7. Mother's Birthplace Germany
8. Full Name of Father John Eppler
9. Father's Occupation Merchant
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo B Regardly

Address 43 N Calvert St

Remarks

advise at the birth of any child within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 29257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 4th Jany 1879
4. Place of Birth (Street and Number) 14 S. Wolfe
5. Full Name of Mother Rachel Lippman
6. Mother's Maiden Name " Fould
7. Mother's Birthplace Germany
8. Full Name of Father Oscar Lippman
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address 43 N. Caldwell

Remarks

advise at the birth of any child within the city within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

advise at the birth of any child within the City within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22nd 79
4. *Place of Birth (Street and Number)* 190 E. Monument
5. *Full Name of Mother* Mary Rose McGovern
6. *Mother's Maiden Name* " " Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jas P. McGovern
9. *Father's Occupation* Contractor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 423 N Calvert

Remarks 7 Months Child. weighed 3 lbs

RETURN OF A BIRTH.

29259

ALTH DEPARTMENT
APR
5
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 26th 1879.
4. Place of Birth (Street and Number) #96 S Fulton Av
5. Full Name of Mother Maryann Stall.
6. Mother's Maiden Name Jones.
7. Mother's Birthplace Elliott City Ind.
8. Full Name of Father Henry J. Stall.
9. Father's Occupation Painter.
10. Father's Birthplace Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. C. Fenton Hall, M.D.

Address #30 N. Gilmor St

Remarks

advise at the birth of any child within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 29260

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City , within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27th 1879
4. Place of Birth (Street and Number)	140 Forest St. Cor Ensor
5. Full Name of Mother	Annie Stidham
6. Mother's Maiden Name	" Casey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Stidham
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds
Address	413 N Eutaw
Remarks	

advise at the birth of any child, within the city of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

RETURN OF A BIRTH.

29261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male ~~or Female~~) ✓✓

2. Race or Color (if not of the ~~white~~ race) Colored ✓✓✓✓

3. Date of Birth February 1 1879

4. Place of Birth (Street and Number) No 24 Morris Alley

5. Full Name of Mother Ellen Chisley

6. Mother's Maiden Name Ellen Gilfin

7. Mother's Birthplace Richmond Va. A.

8. Full Name of Father Joseph Chisley

9. Father's Occupation Water

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible] Md

Address No. 36 Davis St Baltimore Md

Remarks Non

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 1st
4. *Place of Birth (Street and Number)* 160 Henderson st
5. *Full Name of Mother* Sarah J Shinerd
6. *Mother's Maiden Name* Sarah J Pearman
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* William J Shinerd
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Mary Ann Allen

Address 191 Henderson st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the city of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22263

HEALTH DEPARTMENT 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* feb 1st 1879
4. *Place of Birth (Street and Number)* No 72 Elbow Lane
5. *Full Name of Mother* Margret Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father* Robert Shoot
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia Balt City

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address Burgundy No 71

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

299614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or ch... born, its or their physical condition, whether still born or not, the full name, nativity, and resi... of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 1st 1879
4. Place of Birth (Street and Number)	N. 181 Jefferson Street
5. Full Name of Mother	Mary J. Miller
6. Mother's Maiden Name	Mary J. Brown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H. Miller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Allwell
Address	286 N. Donough st
Remarks	

RETURN OF A BIRTH.

29265

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st February 1879
4. *Place of Birth (Street and Number)* 224 S. Ann st
5. *Full Name of Mother* Margaretha Krummer
6. *Mother's Maiden Name* " Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Krummer
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

advise at the Office of any change, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

99966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 1st 1879
4. *Place of Birth (Street and Number)* No 204 Eutaw st
5. *Full Name of Mother* Jesse Stevens
6. *Mother's Maiden Name* Emmer
7. *Mother's Birthplace* America
8. *Full Name of Father* Henry Stevens
9. *Father's Occupation* dealer in Wood & Coal
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmeyer midwife

Address 330 Hanover st

Remarks

at the birth of any child, and thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7 1879
BALTIMORE

Advise at the Office of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 1 1879
4. Place of Birth (Street and Number)	# 150 Pratt Str.
5. Full Name of Mother	E. Prussian Holstein
6. Mother's Maiden Name	E. Prussian
7. Mother's Birthplace	Germany
8. Full Name of Father	R Holstein
9. Father's Occupation	Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms.
Address	# 171 Washington Str
Remarks	FP

29968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1879
4. *Place of Birth (Street and Number)* 397 E Madison
5. *Full Name of Mother* Kate Celia Salom
6. *Mother's Maiden Name* " " Day
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John F. Salom
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Day

Address 397 E. Madison St

Remarks

advise at the birth of any child, within the city ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st
4. *Place of Birth (Street and Number)* No 87 Rigdely st
5. *Full Name of Mother* Minnie Weitbrecht
6. *Mother's Maiden Name* Minnie Reuter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Weitbrecht
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leatenhall Street

Remarks

at the birth of any child, within the City of Baltimore, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2 9 2 70

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 1st 1879
4. *Place of Birth (Street and Number)* 824 Alice anna st
5. *Full Name of Mother* Barbara Kaufmann
6. *Mother's Maiden Name* " Stein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Kaufmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Reta

Address 245 Canton Ave

Remarks

at the birth of any child, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11 29271

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* the first of Febury 1879
4. *Place of Birth* (Street and Number) hanover st No 269
5. *Full Name of Mother* Margret C Farnan
6. *Mother's Maiden Name* Margret C Applegrath
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thomas F Farnan
9. *Father's Occupation* Police office
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Elenora Stockett

Address Light st. 3 or 4

Remarks

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29272

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	E
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 1. 1879
4. Place of Birth (Street and Number)	372 William St
5. Full Name of Mother	Sarah Wright
6. Mother's Maiden Name	Sarah Arnatt
7. Mother's Birthplace	Md
8. Full Name of Father	Thos Wright
9. Father's Occupation	Machinist
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stokes M.D.
Address	17 Hanover
Remarks	

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29273

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* February 9th
4. *Place of Birth (Street and Number)* Baltimore No 196 Warner st
5. *Full Name of Mother* Louinnie Charty
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Charity
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross st

Remarks

29274

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Dead Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 2d of February 1879
4. Place of Birth (Street and Number) 20 North Chestnut
5. Full Name of Mother Cristine Seize
6. Mother's Maiden Name Cristine Wolmerhausen
7. Mother's Birthplace Baltimore
8. Full Name of Father Seivert Wolmerhausen
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Krunkel

Address 1 North Chappel st Jacob Krunkel

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fith Child

1. *Sex (state whether Male or Female)* A Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2nd of February 79
4. *Place of Birth (Street and Number)* 511 Maldery st
5. *Full Name of Mother* Kate Bottom Feild
6. *Mother's Maiden Name* Kate Kerlman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Kerlman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North Chappel st p Dr Kunkel

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29276

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 2nd 1879
4. Place of Birth (Street and Number)	296 S Fremont
5. Full Name of Mother	Ida Franklin
6. Mother's Maiden Name	Ida Gray
7. Mother's Birthplace	Baltimore
8. Full Name of Father	D. J. Franklin
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Lorz M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 2nd 1879
4. Place of Birth (Street and Number)	365 S Chas St
5. Full Name of Mother	Mary E. Lyons
6. Mother's Maiden Name	Mary E Gibson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm L. Lyons
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

RETURN OF A BIRTH.

29278

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1879
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 2d 1879
4. Place of Birth (Street and Number)	1050 O'Donnell St
5. Full Name of Mother	Hester Elizabeth Keene
6. Mother's Maiden Name	Greene
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Christopher Minos Keene.
9. Father's Occupation	Tin-Can maker.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	E. Jones Williams M.D.
Address	17 Patapsco St
Remarks	

RETURN OF A BIRTH.

29279

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* february 2-18-79
4. *Place of Birth (Street and Number)* 608 McElderry St Baltimore and
5. *Full Name of Mother*
6. *Mother's Maiden Name* Jane Perkins
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Eggleston St Baltimore Md

Remarks

RETURN OF A BIRTH.

29280

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 of February 1879
4. *Place of Birth (Street and Number)* 37 Essex St
5. *Full Name of Mother* Elizbeth Gude
6. *Mother's Maiden Name* Elizbeth Hamelton
7. *Mother's Birthplace* Md
8. *Full Name of Father* Lewsen Gude
9. *Father's Occupation* Tubler
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

at the birth of any child, within the City of Baltimore, and [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29281

HEALTH DEPARTMENT FEB. 6 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 2d
4. *Place of Birth (Street and Number)* Baltimore East Fayette St. No 514
5. *Full Name of Mother* Emma Mc. Hanes Fay Foy
6. *Mother's Maiden Name* Emma Mc. Hanes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. Foy
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Havre de Grace.

Name of Medical Attendant, or other Person who makes this Return. City Lockman.

Address Mc Elderry St. extended No 41

Remarks

at the birth of any child, within the City of Baltimore. And Reports ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29282

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
8
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febr. 2 d. 1879
4. Place of Birth (Street and Number)	20 M. Altre str.
5. Full Name of Mother	Susana Klapperkorn
6. Mother's Maiden Name	Susane Angermeier
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustav Klapperkorn
9. Father's Occupation	Musiker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 n. Bondstr.
Remarks	

29283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd).

1. Sex (state whether Male or Female) ~~White~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 2nd 1879.
4. Place of Birth (Street and Number) No. 227 E. Eager.
5. Full Name of Mother Johanna Bruns
6. Mother's Maiden Name Funk
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Ferdinand Bruns
9. Father's Occupation Shoe Cutter.
10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer. M.D.

Address 105 N. Central Avenue.

Remarks

That any physician or [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 6

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Febr. 2. 1879
4. Place of Birth (Street and Number) Hampstersstr 121
5. Full Name of Mother Katharina Ueuberger
6. Mother's Maiden Name Leimkufler
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Ueuberger
9. Father's Occupation Talor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr 28

Remarks Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 te

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Febr. 2. 1879

4. Place of Birth (Street and Number) S. Schappelstr 3.

5. Full Name of Mother Anna Getzinger

6. Mother's Maiden Name Muller

7. Mother's Birthplace Baltimore

8. Full Name of Father August Getzinger

9. Father's Occupation Lebner

10. Father's Birthplace Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Raupach

Address S Wolfstr No 28

Remarks Midwife

RETURN OF A BIRTH.

29286

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 2d. 1879
4. Place of Birth (Street and Number)	265 Argyle Ave
5. Full Name of Mother	Mary Watson
6. Mother's Maiden Name	Hammontree
7. Mother's Birthplace	Montgomery Co. Md.
8. Full Name of Father	James E. Watson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. City Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D
Address	431 Penna. Ave
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29287

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 February 1879
4. *Place of Birth (Street and Number)* 87 High St
5. *Full Name of Mother* Marie Templeton
6. *Mother's Maiden Name* Mauldale
7. *Mother's Birthplace* U S
8. *Full Name of Father* William Templeton
9. *Father's Occupation* Clerk
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Fanny Cooper

Address 52 E Lombard St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 2nd
4. Place of Birth (Street and Number) No 410 West st
5. Full Name of Mother Emma Easter
6. Mother's Maiden Name Emma Heiser
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Easter
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gathering Homer

Address No 106 West st

Remarks

RETURN OF A BIRTH.

29269

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Feb. 2nd 1879
4. *Place of Birth (Street and Number)* Maternity Hospital
5. *Full Name of Mother* Mary Bunsky.
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Phys.

Address Maternity Hospital

Remarks Labor long and tedious but now both are doing well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29290

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d of Feb. 1879
4. Place of Birth (Street and Number)	204, Orleans St.
5. Full Name of Mother	Mary Lacman
6. Mother's Maiden Name	Mary
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Justine Lacman
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walls
Address	[illegible]
Remarks	Recd Cit

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight ch

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Feby 2 1879
4. *Place of Birth (Street and Number)* No 36 Courtland St
5. *Full Name of Mother* Elizabeth Jennison
6. *Mother's Maiden Name* Elizabeth Cuisson
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Robt A Jennison
9. *Father's Occupation* Bark Keeper
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. J H Vattum M D

Address 23 Franklin

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29292

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	February 2nd
4. *Place of Birth (Street and Number)*	no 47 york st
5. *Full Name of Mother*	gracy brown
6. *Mother's Maiden Name*	gracy cornish
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	john brown
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 parts coavenue
Remarks	
	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29293

HEALTH DEPARTMENT
FEB
15
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 2 1879
4. *Place of Birth (Street and Number)* Phila Road City Limits
5. *Full Name of Mother* Ida Bell ~~Hughes~~ Hughes
6. *Mother's Maiden Name* Ida Bell Bates
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Joseph Columbus Hughes
9. *Father's Occupation* Milk Dealer
10. *Father's Birthplace* Balto Co

Name of Medical Attendant, or other Person who makes this Return. E W Tommey M D

Address Canton

Remarks

RETURN OF A BIRTH.

29294

HEALTH DEPARTMENT
FEB
12
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* February 2nd. 1879.
4. *Place of Birth (Street and Number)* No. 116 N. Central ave.
5. *Full Name of Mother* Martha Bechtold.
6. *Mother's Maiden Name* Martha Buchmann.
7. *Mother's Birthplace* Curhessen Germany.
8. *Full Name of Father* Wm Bechtold
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Curhessen Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address No. 185 S.E. cor Central ave & Monument St.

Remarks All well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Feb 3d 79.
4. Place of Birth (Street and Number)	152 Chew St
5. Full Name of Mother	Caroline
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	City
8. Full Name of Father	John Holmes
9. Father's Occupation	Huckster
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds Mcd
Address	186 Aisquith St
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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HEALTH DEPARTMENT
FEB 5
1879
BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 3 1879
4. *Place of Birth (Street and Number)*	110 Cooks Ct
5. *Full Name of Mother*	Emma Abey
6. *Mother's Maiden Name*	Emma Snyder
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	John Snyder
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs A. Kuck
Address	
Remarks	

29297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February the 3rd
4. Place of Birth (Street and Number) Baltimore City E. South Collington Ave
5. Full Name of Mother Adaline Powell ~~Price~~ Guthrie
6. Mother's Maiden Name Adaline Powell Price
7. Mother's Birthplace Port Deposit Maryland
8. Full Name of Father John Alexandra Guthrie
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return. A Hannah E. Knowels

Address 165 South Chester St.

Remarks a 12 pound Child

That any physician, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 3rd.
4. *Place of Birth (Street and Number)* 1/ Hollowong lane.
5. *Full Name of Mother* Josephine.
6. *Mother's Maiden Name* Hilwer.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Francis Trainor.
9. *Father's Occupation* City Workman.
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Anna Dumlen 60 Shroter

Remarks

That any physician or other person, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 246 N. Durham

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* February 3rd 1879
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Louisa Johnson
6. *Mother's Maiden Name* Louisa Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George H. Johnson
9. *Father's Occupation* Oyster Shaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Elizabeth Foot

Address Midwife

Remarks this is the second 2

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 3
4. Place of Birth (Street and Number)	103 Madison St
5. Full Name of Mother	Elizabeth Smith
6. Mother's Maiden Name	Michel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Judson H. Smith
9. Father's Occupation	Tailor
10. Father's Birthplace	New Britain Connecticut
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

29301

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) —

3. Date of Birth Feb. 3rd

4. Place of Birth (Street and Number) 109 S. Sharp St.

5. Full Name of Mother Annie Petzold

6. Mother's Maiden Name Annie Heinemann

7. Mother's Birthplace New York

8. Full Name of Father "Henry" William Petzold

9. Father's Occupation (Deceased)

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. ~~F.~~ Schleifer

Address No. 33 S. Howard St.

Remarks

That any physician, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 10 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Monday Feb 3rd 1879
4. Place of Birth (Street and Number)	391 Aisquith St
5. Full Name of Mother	Maggie McNally
6. Mother's Maiden Name	Maggie Short,
7. Mother's Birthplace	Scotland
8. Full Name of Father	John McNally
9. Father's Occupation	R R Employee
10. Father's Birthplace	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton, Md.
Address	25½ Greenmont Ave
Remarks	"Vertex Presentation"

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 10 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 February 1879
4. *Place of Birth (Street and Number)* 489 Gay St
5. *Full Name of Mother* Lizie Hendricks
6. *Mother's Maiden Name* Telly
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Hendricks
9. *Father's Occupation* Cicar Store
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

29304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 February 1879
4. *Place of Birth (Street and Number)* 90 Lombard St
5. *Full Name of Mother* Marie Harison
6. *Mother's Maiden Name* Refner
7. *Mother's Birthplace* U S
8. *Full Name of Father* James Harison
9. *Father's Occupation* Constable
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth 10

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 3rd, 1879
4. Place of Birth (Street and Number) No. 375 East Fayette St.
5. Full Name of Mother Mrs. Lavinia Williams
6. Mother's Maiden Name Miss Lavinia Fowler
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Mr. John H. Williams
9. Father's Occupation Tanner
10. Father's Birthplace Cumberland Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen

Address No. 102 N. Broadway

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 3 1879
4. *Place of Birth (Street and Number)* 108 Hampstead St
5. *Full Name of Mother* Annie Booth
6. *Mother's Maiden Name* Annie Hillebrand
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* B. F. Booth
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Butler

Address 23 N. Canton

Remarks Balto City

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29307

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth February 3, 1879

4. Place of Birth (Street and Number) Saratoga St. 41

5. Full Name of Mother Helena Goyert

6. Mother's Maiden Name " Kaiser

7. Mother's Birthplace Hanover

8. Full Name of Father August Goyert

9. Father's Occupation Restaurant

10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 February 1879
4. *Place of Birth (Street and Number)* 142 Conway st
5. *Full Name of Mother* Augusta Schneider
6. *Mother's Maiden Name* " Treff
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Louis Schneider
9. *Father's Occupation* Silver Plater
10. *Father's Birthplace* Hessen-Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw Ja

Remarks

That any physician, accoucheur, ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

29309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

Name of Child: William Edward Neilson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd February 1879
4. Place of Birth (Street and Number) No. 77. Aisquith E.
5. Full Name of Mother Mary Brewer (~~Nelson~~) Neilson
6. Mother's Maiden Name " " Boyer
7. Mother's Birthplace Balt.
8. Full Name of Father Edward McLean (~~Nelson~~) Neilson
9. Father's Occupation Dyer - Maker
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. J. F. Gross.

Address 137 Orleans E.

Remarks

That any physician, accoucheur, midwife, or other person who [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 4 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 4/79
4. Place of Birth (Street and Number)	20 E. Fayette St
5. Full Name of Mother	Mary L. Mitchell
6. Mother's Maiden Name	" " Kenan
7. Mother's Birthplace	Balto
8. Full Name of Father	Lloyd E. Mitchell.
9. Father's Occupation	Plumber & Gas Fitter.
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Edward McDevitt
Address	137 N Eutaw St
Remarks	

29311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 4th 1879.
4. Place of Birth (Street and Number)	No. 24 Gilmore St.
5. Full Name of Mother	Louie Brauckner
6. Mother's Maiden Name	" Zell.
7. Mother's Birthplace	~~Getters Ville.~~ Getters burg.
8. Full Name of Father	John Brauckner.
9. Father's Occupation	Candy Maker.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leman
Address	No. 435 W. Mc. Henry st.
Remarks	Very poor delicate child of 7 months don't think it will live

29312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 7th

1. *Sex* (~~state whether~~ *Male* ~~or Female~~)
2. *Race or Color* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth* Feby 4th/879
4. *Place of Birth (Street and Number)* 3 South Front St
5. *Full Name of Mother* Elizabeth Gray
6. *Mother's Maiden Name* " Read
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gray
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Tregd Sherkey Md.

Address 11 S. High St

Remarks

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29313

HEALTH DEPARTMENT
FEB 5 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seckon 2
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Coolard
3. *Date of Birth*	February 4
4. *Place of Birth (Street and Number)*	No 4 Plum Row
5. *Full Name of Mother*	Marthey Sharps
6. *Mother's Maiden Name*	Marthey Chase
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Wilson Sharps
9. *Father's Occupation*	Water
10. *Father's Birthplace*	West River
Name of Medical Attendant, or other Person who makes this return	Cathren Jones
Address	No 2 Springyard Av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29311

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Balto

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 4th 1879.
4. *Place of Birth (Street and Number)* 480 Canton Ave.
5. *Full Name of Mother* Johanna Reth
6. *Mother's Maiden Name* Johanna Rau
7. *Mother's Birthplace* America
8. *Full Name of Father* John Reth.
9. *Father's Occupation* Labore.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amends

Address 132 South Wolfe St.

Remarks Ch

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vitals, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male and Female
2. Race or Color (if not of the white race) white
3. Date of Birth 4th Feb
4. Place of Birth (Street and Number) Henrietta St. No 29
5. Full Name of Mother Sarah Ann Stone
6. Mother's Maiden Name Sarah Ann Riley
7. Mother's Birthplace Baltimore
8. Full Name of Father William Stone
9. Father's Occupation Bailer Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M.R. Caskey

Address 134 Hamburg St

Remarks all doing well

RETURN OF A BIRTH.

29316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED
FEB
10
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall know, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 4th 1879
4. Place of Birth (Street and Number) Hulls Lane
5. Full Name of Mother Mary Catharine Meares
6. Mother's Maiden Name Bake
7. Mother's Birthplace Baltimore
8. Full Name of Father James Edward Meares
9. Father's Occupation Sailor
10. Father's Birthplace Accomac Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Geo W. Wagner

Address 18 Asquith St

Remarks Child birth fourth month

RETURN OF A BIRTH.

29317

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (~~state whether~~ 1st, 2d, 3d, &c.)

1. *Sex* (~~state whether~~ Male or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 4th February 1879
4. *Place of Birth* (Street and Number) 159 West Lexington Street
5. *Full Name of Mother* Eleanor Louise Emory
6. *Mother's Maiden Name* Eleanor Louise Lewis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Lafayette Emory
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison Ave

Remarks Right Occipito-posterior position. Labor last 28 hours.

RETURN OF A BIRTH.

29315

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall fail to report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 February
4. *Place of Birth (Street and Number)* 52 Bath St
5. *Full Name of Mother* Margaretta Hildebrand
6. *Mother's Maiden Name* Dinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Hildebrand
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

29319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Feb 4
4. *Place of Birth (Street and Number)* No 162 S Howard St
5. *Full Name of Mother* Mrs Mary And Mitchell
6. *Mother's Maiden Name* Mrs Mary And Parker
7. *Mother's Birthplace* Colbert County Md
8. *Full Name of Father* William Arkey Mitchell
9. *Father's Occupation* Dragoman
10. *Father's Birthplace* Edenton N C

Name of Medical Attendant, or other Person who makes this return Mrs Mitey Gowers

Address No 181 York St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29320

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 February 1879
4. *Place of Birth (Street and Number)* 78 Bradway
5. *Full Name of Mother* Virginia Cornelia
6. *Mother's Maiden Name* Marysbaur
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Cornelia
9. *Father's Occupation* Livery Stable
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper

Address 62 E Lombard St

Remarks

RETURN OF A BIRTH.

29321

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 4th 1879
4. *Place of Birth (Street and Number)* 193 Chappell st.
5. *Full Name of Mother* Catherine Lins
6. *Mother's Maiden Name* " Hes Gueke
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Lins
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Bet

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29322

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 4th 1879.
4. *Place of Birth (Street and Number)* No. 10. Milliman St.
5. *Full Name of Mother* Sussana Say.
6. *Mother's Maiden Name* Sussana Devine
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Say.
9. *Father's Occupation* Broom Maker.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A Butt

Address No. 185. S. E. cor. Central av. & Monument St.

Remarks All Well.

RETURN OF A BIRTH.

29323

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 4th
4. *Place of Birth (Street and Number)* Baltimore No 90 Plum Alley
5. *Full Name of Mother* Lizzie Brown
6. *Mother's Maiden Name* " Williams
7. *Mother's Birthplace* Kent County
8. *Full Name of Father* William Brown
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Pauline Wilson

Address No 388 Cross street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

293211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT. OF HEALTH FEB 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feby. 5th 1879
4. Place of Birth (Street and Number) Gilmor St. Bet. Franklin + Edmondson Ave
5. Full Name of Mother Sallie Mariah Burch
6. Mother's Maiden Name Sallie Mariah Harnin
7. Mother's Birthplace Calvert Co. Md.
8. Full Name of Father Wm. Robert Burch
9. Father's Occupation Merchant
10. Father's Birthplace Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin M.D.

Address Cor. Myrtle Aven. + Townsend St.

Remarks

RETURN OF A BIRTH.

29325

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 8 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 th of February 1879
4. *Place of Birth (Street and Number)* William st. N° 273
5. *Full Name of Mother* Mrs. Mary Ruck
6. *Mother's Maiden Name* Mary Hardel
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* M. Michael Ruck
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Würtemberg Germania

Name of Medical Attendant, or other Person who makes this Return. Sylvia Grisbaber

Address N° 128 West St. Baltimor Md.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend cases of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29326

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 6th 1879
4. Place of Birth (Street and Number)	624 S. Chas st
5. Full Name of Mother	Annie Welch
6. Mother's Maiden Name	Annie Kane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edwd Welch
9. Father's Occupation	Cap Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

29327

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth February 5th
4. Place of Birth (Street and Number) No 7 Colton St-
5. Full Name of Mother Christiana Hall 32 years old
6. Mother's Maiden Name Christiana Duncan
7. Mother's Birthplace Raborough St- Baltimore Md
8. Full Name of Father Abraham Hall 38 years old
9. Father's Occupation Labor
10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Samuel V. Cole

Address 174 Vine St-

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29328

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Fifth of February
4. *Place of Birth (Street and Number)* No 36 Spring
5. *Full Name of Mother* Louisa Witty
6. *Mother's Maiden Name* Luthard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Witty
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Senior

Address No 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29329

HEALTH DEPARTMENT FEB 18 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 February
4. *Place of Birth (Street and Number)* 46 Exeter Street
5. *Full Name of Mother* Elizabeth Hunt
6. *Mother's Maiden Name* Bachmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Hunt
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Liman

Address No 70 Granby St

Remarks

29330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 5 February 1879
4. *Place of Birth (Street and Number)* Alex. Ann
5. *Full Name of Mother* Marie McGra
6. *Mother's Maiden Name* Menan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Henry McGra
9. *Father's Occupation* Loap maker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

99331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 5. 1879
4. *Place of Birth (Street and Number)* Barnes St. No 35.
5. *Full Name of Mother* Mary Schmidt
6. *Mother's Maiden Name* Mary Kneitz
7. *Mother's Birthplace* Grumpp. K. K. Oestreich
8. *Full Name of Father* John. Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Grumpp. K. K. Oestreich

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Child

1. *Sex (state whether male ~~or female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 5. 1879.
4. *Place of Birth (Street and Number)* N. (S) Dallas St. No. 21.
5. *Full Name of Mother* Lizzie Hinkelmann
6. *Mother's Maiden Name* Lizzie Wittich
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Lorenz Hinkelmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harry E. Müller

Address N. (S) Dallas St. No. 26

Remarks

RETURN OF A BIRTH.

29333

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child.

1. *Sex (state whether ~~male or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 5, 1879
4. *Place of Birth (Street and Number)* Orleans St. No. 369. Bayard St.
5. *Full Name of Mother* Lizzie Veratz
6. *Mother's Maiden Name* Lizzie Beck.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Veratz
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29331

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 5th 1879
4. Place of Birth (Street and Number)	S. E. cor Bank & Duncan Alley
5. Full Name of Mother	Anna Cora Killmon
6. Mother's Maiden Name	" " Bauerkman
7. Mother's Birthplace	Boston Mass.
8. Full Name of Father	Wm Thos Killmon
9. Father's Occupation	Produce dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. H. White M.D.
Address	341 S. Broadway
Remarks	

RETURN OF A BIRTH.

29335

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 5th 1879
4. *Place of Birth (Street and Number)* 73 Register st.
5. *Full Name of Mother* Lalla Frampton
6. *Mother's Maiden Name* " Bucher
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Frampton
9. *Father's Occupation* Proffer of Dancing
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Belt

Address 245 Canton Ave

Remarks

RETURN OF A BIRTH.

29336

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 5th February 1879

4. *Place of Birth (Street and Number)* 129 West st

5. *Full Name of Mother* Maggie Miller

6. *Mother's Maiden Name* C. Schaefer

7. *Mother's Birthplace* Hesse Darmstadt Germany

8. *Full Name of Father* Frederick Miller

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address

Remarks 328 South Eutaw st

29337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 5 Feby 1879
4. *Place of Birth (Street and Number)* 204 Charles st
5. *Full Name of Mother* Bettie Finsterwald
6. *Mother's Maiden Name* " Berk
7. *Mother's Birthplace* Kur Hessen Germany
8. *Full Name of Father* Henry Finsterwald
9. *Father's Occupation* Clothier
10. *Father's Birthplace* Kur. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29338

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	February 5 th
4. *Place of Birth (Street and Number)*	no 6 Lapsley ave
5. *Full Name of Mother*	caroline holiday
6. *Mother's Maiden Name*	caroline procter
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John holiday
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 Lapsley ave
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th February 1879
4. *Place of Birth (Street and Number)* 71 Union st
5. *Full Name of Mother* Anna Maria Kupfel
6. *Mother's Maiden Name* " " Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Anton Kupfel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelbrecht

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29340

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 5: 5 P. M. 1879
4. *Place of Birth (Street and Number)* 36 N. Spring Street
5. *Full Name of Mother* Louisa Wittich
6. *Mother's Maiden Name* Louisa Luthardt
7. *Mother's Birthplace* York Pa
8. *Full Name of Father* George Wittich
9. *Father's Occupation* Confectionary
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore St.

Remarks

29341

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 5 1879
4. *Place of Birth (Street and Number)* 8 Washington st
5. *Full Name of Mother* ~~Emma~~ ~~[illegible]~~ Emma E Conner
6. *Mother's Maiden Name* Emma E Pritchard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James L conner
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary Conner 153

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29342

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 5 1879
4. *Place of Birth (Street and Number)*	78 Block st
5. *Full Name of Mother*	Ann Gerathy
6. *Mother's Maiden Name*	Ann Schoon
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Petter Gerathy
9. *Father's Occupation*	Spar Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	
Remarks	the child is healthy name of the child Sarah Adelaide Geratty

29343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 February 1879
4. *Place of Birth (Street and Number)* 98 Exeter St
5. *Full Name of Mother* Florence Berger
6. *Mother's Maiden Name* Ohrs
7. *Mother's Birthplace* U S
8. *Full Name of Father* Albert Berger
9. *Father's Occupation* Musician
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

293114

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 February
4. *Place of Birth (Street and Number)* 66 Granby St
5. *Full Name of Mother* Dora Bast
6. *Mother's Maiden Name* Henig
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Bast
9. *Father's Occupation* Baker
10. *Father's Birthplace* Richmond

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

29345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 8 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr. 6 d. 1879
4. *Place of Birth (Street and Number)* 50 S. Register str.
5. *Full Name of Mother* Elisabeth Lederer
6. *Mother's Maiden Name* Eliz. Fiesler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johan K. Lederer
9. *Father's Occupation* School Lehrer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr.

Remarks

RETURN OF A BIRTH.

29346

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* feb 6. 1879
4. *Place of Birth (Street and Number)* No 1 stockton al
5. *Full Name of Mother* Mary Stevens
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* No husband
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Chollet proctor

Address No 16 Carlton st

Remarks

29347

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 6. 1879
4. *Place of Birth (Street and Number)* No. 74 Woodard Street
5. *Full Name of Mother* Kate Grogovis
6. *Mother's Maiden Name* " Redinger
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Christ Grogovis
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baden

Name of Medical Attendant, or other Person who makes this return E. Schmitt

Address

Remarks A S 476 S. L.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29348

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Femal
2. Race or Color (if not of the white race)	With
3. Date of Birth	6 of Februar.
4. Place of Birth (Street and Number)	
5. Full Name of Mother	82. Henrietta Str.
6. Mother's Maiden Name	Louise Bertram
7. Mother's Birthplace	German
8. Full Name of Father	Ludwig Wilhelm Dörr.
9. Father's Occupation	Machinist
10. Father's Birthplace	German
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Schleifer
Address	33 S. Howard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29349

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 7th Child

1. *Sex* (*state whether* ~~male or female~~)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* February the 6. 1879.
4. *Place of Birth* (*Street and Number*) Laurel St. No 10.
5. *Full Name of Mother* Ella Bernam
6. *Mother's Maiden Name* Ella Bonnel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Bernam
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dublin K. K Gr. Britt Europe

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address [illegible]

Remarks

RETURN OF A BIRTH.

.29350

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February the 6th 1878.
4. *Place of Birth (Street and Number)* S. Dallas St. No 28.
5. *Full Name of Mother* Virginia Williams
6. *Mother's Maiden Name* Virginia Martin
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Walther Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Wilson County. N. Carolina. United States

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mullen

Address N. Dallas St No 26.

Remarks

RETURN OF A BIRTH.

29357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1879
BALTIMORE

1571

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 6 of Febr
4. Place of Birth (Street and Number)	No 211 N Gay St
5. Full Name of Mother	Clara Goschenhold
6. Mother's Maiden Name	Clara Freeman
7. Mother's Birthplace	Germany
8. Full Name of Father	Com Freeman
9. Father's Occupation	Millman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Alex Sauer
Remarks	171 Hanover

RETURN OF A BIRTH.

29352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 6th 1879
4. *Place of Birth (Street and Number)* No 17 Spruce alley
5. *Full Name of Mother* Mary B Shamberger
6. *Mother's Maiden Name* " " Jarvis
7. *Mother's Birthplace* City
8. *Full Name of Father* Joseph Shamberger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Betz

Address 245 Canton Ave

Remarks

29353.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth February 6th 1879

4. Place of Birth (Street and Number) Hall Street No 2.

5. Full Name of Mother Helen Kaiser

6. Mother's Maiden Name Helen Hoffmann.

7. Mother's Birthplace Baltimore. M.d.

8. Full Name of Father Henry Kaiser

9. Father's Occupation Varnischer

10. Father's Birthplace Baltimore. M.d.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address No 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29354

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) —
3. Date of Birth February 6th 1879
4. Place of Birth (Street and Number) West Street No 52
5. Full Name of Mother Mary Wendel
6. Mother's Maiden Name Mary Wilberg
7. Mother's Birthplace Germany
8. Full Name of Father Peter Wendel
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louthee Bruce

Address 114 Battery Av

Remarks

29355

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* February 6th 1879
4. *Place of Birth (Street and Number)* Eutaw St. 29
5. *Full Name of Mother* Pauline Gamer
6. *Mother's Maiden Name* " Nathan
7. *Mother's Birthplace* Poland Europe
8. *Full Name of Father* Abraham Gamer
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Poland Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Willig

Address 48 Lollard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of

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RETURN OF A BIRTH.

29356

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 6th 1879
4. *Place of Birth (Street and Number)* 10 Biddle Alley
5. *Full Name of Mother* Maggie Greb
6. *Mother's Maiden Name* Mr Weidner
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* August Greb
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Cincinnati Ohio

Name of Medical Attendant, or other Person who makes this Return. Annie Mescurch (Mid)

Address 220 Preston St

Remarks

29357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) thee

1. *Sex (state whether Male or Female)* feemale
2. *Race or Color (if not of the white race)* colar
3. *Date of Birth* 10 of feb octry
4. *Place of Birth (Street and Number)* york street 131
5. *Full Name of Mother* fenny lee
6. *Mother's Maiden Name*
7. *Mother's Birthplace* vergeney
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return mebbey grace

Address

Remarks 181 york street

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 6th February 1879
4. Place of Birth (Street and Number) 214 Scott st
5. Full Name of Mother Anna Eliza Kerler
6. Mother's Maiden Name " " Trischmann
7. Mother's Birthplace Germany
8. Full Name of Father Carl Friedrich Kerler
9. Father's Occupation Baker
10. Father's Birthplace Wuertemberg, Germany

Name of Medical Attendant, or other Person who makes this Return. Margaret Streng

Address 805 W Pratt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 6th 1879 4 1/2 P.M.
4. Place of Birth (Street and Number) 91 Lancaster Street
5. Full Name of Mother Margaret Ruth
6. Mother's Maiden Name Margaret Schilbrac
7. Mother's Birthplace Germany
8. Full Name of Father John Ruth
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.

Address 299 E. Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 6th 1879.
4. *Place of Birth (Street and Number)* No. 14 Hover St. Balto. city.
5. *Full Name of Mother* Laura Ridgeaway.
6. *Mother's Maiden Name* Laura Pootee.
7. *Mother's Birthplace* Baltimore city.
8. *Full Name of Father* John Ridgeaway.
9. *Father's Occupation* Brick Maker.
10. *Father's Birthplace* Philadelphia. Penn.

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman.

Address No. 435. W. Mc Henry St. Balto City

Remarks Healthy Child.

29361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* th 6 February 1878
4. *Place of Birth (Street and Number)* No 54 Lane Street
5. *Full Name of Mother* July arrow
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Booth William

Address No 70 Chemical Street

Remarks Mother and Child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

293621

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 6 1879
4. *Place of Birth (Street and Number)* Grindle street No 87
5. *Full Name of Mother* Anna Harison
6. *Mother's Maiden Name* Anna Lier
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Champion Harison
9. *Father's Occupation* painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29363

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 7th 1879
4. *Place of Birth (Street and Number)*	39 N. Everlin Street
5. *Full Name of Mother*	Carrie Burnett
6. *Mother's Maiden Name*	Carrie Ward
7. *Mother's Birthplace*	Delaware
8. *Full Name of Father*	Henry Burnett
9. *Father's Occupation*	Music Teacher
10. *Father's Birthplace*	Savannah Ga
Name of Medical Attendant, or other Person who makes this Return.	H. Wiley MD
Address	Cor Hanover & Lee Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

293614

HEALTH DEPARTMENT
FEB
10
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ond.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Friday, Feb 7th. 1879.
4. Place of Birth (Street and Number)	47 Jefferson St
5. Full Name of Mother	Violet Anderson
6. Mother's Maiden Name	Violet Hammond
7. Mother's Birthplace	North Carolina
8. Full Name of Father	Isaac Anderson,
9. Father's Occupation	Laborer.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton. MD
Address	257 Fremont Ave.
Remarks	"Arm and Shoulder presentation"

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 11
1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 7. 1879
4. *Place of Birth (Street and Number)* N. Carolina St. No. 49.
5. *Full Name of Mother* Elesabeth Tillman
6. *Mother's Maiden Name* Elesabeth E. Richards
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Peter Tillman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mullen

Address N. Dallas St. No. 42 E.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	[illegible] B.
3. Date of Birth	B. d. 7. Febr. 1879.
4. Place of Birth (Street and Number)	Baltimore County.
5. Full Name of Mother	Marie Morgen.
6. Mother's Maiden Name	Purlage
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andreas Morgen.
9. Father's Occupation	Miner.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anna Simmen.
Address	O' Donell St. 21.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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29367

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* February 7th 1879
4. *Place of Birth (Street and Number)* Little Sterret Street No 1
5. *Full Name of Mother* Lester Wegwety
6. *Mother's Maiden Name* Lester Smith
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* William L Wegwety
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Mrs. M Shaffer

Address South Paca St No 418

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February 7th 1879
4. *Place of Birth* (Street and Number)	185 Constitution Street
5. *Full Name of Mother*	Isabella Quinn
6. *Mother's Maiden Name*	Isabella Hubbard
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	James Quinn
9. *Father's Occupation*	Plumber
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Worden
Address	330 Asquith St. Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29369

HEALTH DEPARTMENT
FEB 4
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 7 th 1879
4. *Place of Birth (Street and Number)*	R 169 Hanover st
5. *Full Name of Mother*	Margaretta Heimüller
6. *Mother's Maiden Name*	Meister
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Philip Heimüller
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaasse Midwife
Address	330 Hanover st.
Remarks	

29370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) five Children

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth February 7th 1879
4. Place of Birth (Street and Number) 402 Orleans St
5. Full Name of Mother Annie Elizabeth Miller
6. Mother's Maiden Name Rembey
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles William Miller
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return George W. Wayson

Address 18 Aisquith

Remarks

Extract Regulations of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* 2.7.79
4. *Place of Birth (Street and Number)* 46 Pine
5. *Full Name of Mother* Louisa Augustus
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* David Augustus
9. *Father's Occupation* Waiter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return [illegible]

Address 349 Lee

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

29372

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 4th 1879
4. Place of Birth (Street and Number)	Central av 33
5. Full Name of Mother	Rosa Stevens
6. Mother's Maiden Name	" Geis
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Frank Stevens
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rosa Stevens
Address	48 N Bethel St
Remarks	

29373

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 7th
4. *Place of Birth (Street and Number)* Baltimore St. Cor. of Mount
5. *Full Name of Mother* Mrs. Emma Dietrich
6. *Mother's Maiden Name* Miss Emma Eiermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. W. Dietrich
9. *Father's Occupation* ~~[illegible]~~ Barkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Schroter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29374

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby. 8th 1879
4. *Place of Birth (Street and Number)* [illegible] Bond
5. *Full Name of Mother* Elizabeth Doughty
6. *Mother's Maiden Name* Elizabeth Mahoney
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John W. Doughty
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29375

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 7 1879
4. *Place of Birth (Street and Number)* 204 Sharpstreet
5. *Full Name of Mother* Louise Seibel
6. *Mother's Maiden Name* Louise Albrecht
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Seibel
9. *Father's Occupation* Bäcker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Mönch

Address 98 Leadenhall ~~Henry Seibel~~ ~~204 Sharpstreet~~

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29376

HEALTH DEPARTMENT
FEB 14
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Febuay 7
4. *Place of Birth (Street and Number)*	12 & 14 South Chester St
5. *Full Name of Mother*	Elizabeth ann Marvel
6. *Mother's Maiden Name*	Elizabeth ann Garrison
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Albert S Marvel
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Seford State of Delaware
Name of Medical Attendant, or other Person who makes this Return.	Mrs Miller
Address	No 12 Patterson Park Ave
Remarks	

Baltimore Registration of Births. Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29377

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 1 of February 1879
4. *Place of Birth (Street and Number)* West St. No 159
5. *Full Name of Mother* Eva Hammel.
6. *Mother's Maiden Name* Eva Folk
7. *Mother's Birthplace* Bayern Germania
8. *Full Name of Father* Peter Hammel.
9. *Father's Occupation* Coppersr
10. *Father's Birthplace* Baden Germania

Name of Medical Attendant, or other Person who makes this Return Sabena Grishaber

Address No 128 West St.

Remarks

29378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5th) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 7th 1879
4. *Place of Birth (Street and Number)* No 8 Walnut Alley
5. *Full Name of Mother* Sophia Towson
6. *Mother's Maiden Name* Sophia Jacobs
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Edward T. B. Towson
9. *Father's Occupation* Fruit and Oyster Packer
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Hummer

Address 189. Laurel St

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29379

HEALTH DEPARTMENT
FEB 12 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 7th 1879
4. Place of Birth (Street and Number) No 307 N. Stricker St. Baltimore Md
5. Full Name of Mother Elizabeth Frances Hughes.
6. Mother's Maiden Name " " Manning
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm. Shepherd Hughes
9. Father's Occupation Conductor Pullman Palace. B. & O. R. R.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke McWimble M. D.

Address No 203 W. Lombard St. Balt.

Remarks

Extract Regulations of the Board of Health [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29380

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 4
4. *Place of Birth (Street and Number)* 45 Lemon St
5. *Full Name of Mother* Ann Mrs Kelly
6. *Mother's Maiden Name* Ann Heather
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Mrs Kelly
9. *Father's Occupation* Rumseur
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isabella Oliver

Address 238 Est Monument St

Remarks

Extract Regulations of the Board of Health, relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29381

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 February
4. *Place of Birth (Street and Number)* No 11 Boreel Street
5. *Full Name of Mother* Margerette Stock
6. *Mother's Maiden Name* Engel
7. *Mother's Birthplace* Garmany
8. *Full Name of Father* Conrad Stock
9. *Father's Occupation* Baker
10. *Father's Birthplace* Garmany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 78 Granby St

Remarks

Extract Regulations of the Board of Health to [illegible] rect Record of Vital Statistics in the City of Baltimore.

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29382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 8 February 1879
4. *Place of Birth (Street and Number)* 102 Bethel St
5. *Full Name of Mother* Magie Treck
6. *Mother's Maiden Name* Mason
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* John Treck
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29383

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 8th 1879
4. *Place of Birth (Street and Number)*	No 2 Portland st
5. *Full Name of Mother*	Emma Jackson
6. *Mother's Maiden Name*	Emma Degant
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Jackson
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	Catherine Hand
Address	No 106 West st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 8th 1879
4. Place of Birth (Street and Number)	106 Hall st
5. Full Name of Mother	Lizzie Harvey
6. Mother's Maiden Name	Lizzie Devorine
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Harvey
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Werner
Address	106 West st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29385

HEALTH DEPARTMENT
FEB
10
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female Child
2. *Race or Color (if not of the white race)*	Colored Child
3. *Date of Birth*	6th February
4. *Place of Birth (Street and Number)*	Jefferson St near No 48
5. *Full Name of Mother*	Anna Banks
6. *Mother's Maiden Name*	Anna Ringgold
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John Banks
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Midwife Harriet Brinton
Address	near 145 North Eden st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29386

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of february 1879
4. Place of Birth (Street and Number) Belair avenue
5. Full Name of Mother Maga Miller
6. Mother's Maiden Name Maga Zink
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Miller
9. Father's Occupation Beer driver
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Rice Hebamme

Address No 26. N Frederick Street

Remarks

Baltimore Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29387

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 8th

4. Place of Birth (Street and Number) 377 N Central Ave

5. Full Name of Mother Mary Millar

6. Mother's Maiden Name Mary Early

7. Mother's Birthplace Baltimore

8. Full Name of Father James Millar

9. Father's Occupation Plumber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Whitridge

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	February 8th 1879.
4. *Place of Birth (Street and Number)*	No. 26 George St.
5. *Full Name of Mother*	Frances Parker Marburger
6. *Mother's Maiden Name*	Roelky
7. *Mother's Birthplace*	Balto. City.
8. *Full Name of Father*	John Harman Marburger.
9. *Father's Occupation*	Merchant tailor
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a faithful and correct Record of Vital Statistics in the City of Baltimore.

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29389

RETURN OF A BIRTH.

NAME ADDED 9-16-60

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

Name: Emma B. Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) wht
3. Date of Birth Feby. 8. 1879
4. Place of Birth (Street and Number) 171 Preston St Balto
5. Full Name of Mother Mary L Brown
6. Mother's Maiden Name " " Bailey
7. Mother's Birthplace md
8. Full Name of Father Alex W Brown
9. Father's Occupation Carpenter
10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address 129 W Biddle St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29390

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth February 8th 1879
4. Place of Birth (Street and Number) Central ave 397
5. Full Name of Mother Annie Russell
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frederick Russell
9. Father's Occupation Police officer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St

Remarks

29391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th February 1879
4. *Place of Birth (Street and Number)* 106 Eden st.
5. *Full Name of Mother* Annnede Schmidt
6. *Mother's Maiden Name* " Heuth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Schmidt
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Frederick Kaufmann

Address 204 S. Dallas st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 8th 1879
4. *Place of Birth (Street and Number)* C of Lloyd & Lombard st.
5. *Full Name of Mother* Sophia E Jaeger
6. *Mother's Maiden Name* Sophia E Bust
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Ernest A Jaeger
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return J. Ridgway Andrews Md

Address 121 E Balto st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 29393

HEALTH DEPARTMENT
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 8th 1879
4. *Place of Birth (Street and Number)* n Exeter 25
5. *Full Name of Mother* Anne Dobbin
6. *Mother's Maiden Name* Anne Fleming
7. *Mother's Birthplace* Savanah Georgia
8. *Full Name of Father* James W. Dobbin
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address 124 n Exeter st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

293911

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 8 1879
4. *Place of Birth (Street and Number)*	71 Thames St
5. *Full Name of Mother*	Elizebeth Baker
6. *Mother's Maiden Name*	Elizebeth Simmons
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Baker
9. *Father's Occupation*	Laboure
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	The child is healthy
Remarks	name of the child Henry Baker

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29395

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seven children

1. Sex (state whether Male or Female) Male child
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 8 1879
4. Place of Birth (Street and Number) 93 N Spring Street
5. Full Name of Mother Harriet E Stanley
6. Mother's Maiden Name Harriett E gaines
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Moses Stanley
9. Father's Occupation Labourer
10. Father's Birthplace Estern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasgoe

Address Turmos Mc elderry Street

Remarks In good and healthy condition

RETURN OF A BIRTH. 29396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary the 8th
4. Place of Birth (Street and Number)	195 Fort Avenue
5. Full Name of Mother	Caroline Susanna Brandt
6. Mother's Maiden Name	Elliott
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Henry Brandt
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Conway
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29397

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white ~~race~~)*
3. *Date of Birth* July 9th 4.20 Am/879
4. *Place of Birth (Street and Number)* 62 Lenght St
5. *Full Name of Mother* Sarah E Ladomus
6. *Mother's Maiden Name* " " Webster
7. *Mother's Birthplace* Md.
8. *Full Name of Father* George F Ladomus
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. A L Sherfey M.D.

Address 11 S. High St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29398

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 Feb
4. *Place of Birth (Street and Number)* 194 Greenmount Ave
5. *Full Name of Mother* Jennie Klinefelter
6. *Mother's Maiden Name* Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jermiah Klinefelter
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* J. Pensylvania

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address No 7 Forrest Place

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29399

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 2 1879
4. *Place of Birth (Street and Number)* No 220 Sharp st
5. *Full Name of Mother* Caroline Lachman
6. *Mother's Maiden Name* Bibler
7. *Mother's Birthplace* America
8. *Full Name of Father* John Lachman
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohmaier midwife

Address 330 Hanover st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29400

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	Febuary 4th
4. *Place of Birth (Street and Number)*	Burgundy Alley
5. *Full Name of Mother*	Eliza Tailor
6. *Mother's Maiden Name*	Eliza Tailor
7. *Mother's Birthplace*	anne Arundle county
8. *Full Name of Father*	Jonne Bradford
9. *Father's Occupation*	Labour
10. *Father's Birthplace*	anne Arundle county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 Pratt corner
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 9th
4. Place of Birth (Street and Number) Scott St near Columbia Av
5. Full Name of Mother Annie Wilson
6. Mother's Maiden Name Annie Bonsal
7. Mother's Birthplace Balt - Md
8. Full Name of Father Saml G. Wilson
9. Father's Occupation Painter
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Wm Kneass Md

Address 134 N Charles St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT BALTIMORE

29102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 9
4. Place of Birth (Street and Number)	West Pratt st No 911
5. Full Name of Mother	Rebecca Schalitzky
6. Mother's Maiden Name	Lohman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schalitzky
9. Father's Occupation	Jeweller Business
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Margaret Swift
Address	
Remarks	

Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 28 1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth February 9th 1879.

4. Place of Birth (Street and Number) Cross Street No 146.

5. Full Name of Mother Gertrude Pfeifer.

6. Mother's Maiden Name Gertrude Jaeger.

7. Mother's Birthplace Germany.

8. Full Name of Father John M. Pfeifer.

9. Father's Occupation Boiler maker.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address No 114 Battery St

Remarks

Extract Regulations of the Board of Health of the Registrar of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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29404

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 9th 1879
4. *Place of Birth (Street and Number)* No 348 S. Durham St
5. *Full Name of Mother* Martha Lane
6. *Mother's Maiden Name* " Greese
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Colin Lane
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Galbraith

Address No 55 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th February 1879
4. *Place of Birth (Street and Number)* 248 Bethel st
5. *Full Name of Mother* Louise Beirst
6. *Mother's Maiden Name* " Lange
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georgi Beirst
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address 204 S. Dallas st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29406

HEALTH DEPARTMENT
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 9 1879
4. *Place of Birth (Street and Number)* N° 388 N Washington
5. *Full Name of Mother* Mary E Lewis
6. *Mother's Maiden Name* Mary E Myers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edwin L Lewis
9. *Father's Occupation* Potter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 386 N° Donogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29407

HEALTH DEPARTMENT
FEB 13 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 9th 1879
4. Place of Birth (Street and Number) ~~Mott 10~~ Stirling 10
5. Full Name of Mother Mary Rebecca Hughes
6. Mother's Maiden Name Mary Rebecca Lee
7. Mother's Birthplace Baltimore
8. Full Name of Father James W. Hughes
9. Father's Occupation Waiter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address 124 N Exeter St

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

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29408

HEALTH DEPARTMENT
FEB 12 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 9th 1879
4. Place of Birth (Street and Number) No 117 S. Paca St. Baltimore Md.
5. Full Name of Mother Caroline Neumann.
6. Mother's Maiden Name " Kaufmann.
7. Mother's Birthplace Baden Germany
8. Full Name of Father Louis Neumann
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke McWimble M.D.

Address No 213 W. Lombard St.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29409

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 9 th.
4. *Place of Birth (Street and Number)* 138 S. Wolf st.
5. *Full Name of Mother* Eva Ritzlet
6. *Mother's Maiden Name* Eva Watts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mark S. Ritzlet
9. *Father's Occupation* Machinist.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isabelle Olivier

Address 238 E Monument St.

Remarks

29410

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 9th 1879.
4. Place of Birth (Street and Number) 108 Hollins st.
5. Full Name of Mother Emma Gehrmann.
6. Mother's Maiden Name Emma Tucker
7. Mother's Birthplace Baltimore City
8. Full Name of Father Alonzo Gehrmann.
9. Father's Occupation Book Keeper.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John S. Pennington M.D.

Address 98 N Greene st

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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29411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* No. 10 Baker Street
4. *Place of Birth (Street and Number)* Feb 6th 1879
5. *Full Name of Mother* Louisa Bechtold
6. *Mother's Maiden Name* Louisa Sowe
7. *Mother's Birthplace* Dornstout
8. *Full Name of Father* August Bechtold
9. *Father's Occupation* Saloe
10. *Father's Birthplace* Dornstout

Name of Medical Attendant, or other Person who makes this return No 476 S. Ave [illegible]

Address

Remarks

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Name: Anna Maria Hubers

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10 February 1879
4. *Place of Birth (Street and Number)* 232 Bryden
5. *Full Name of Mother* Mary (Hubert) Hubers
6. *Mother's Maiden Name* Traut
7. *Mother's Birthplace* U S
8. *Full Name of Father* Herman (Hubert) Hubers.
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Paul Cooper

Address 82 E Lombard St

Remarks

Secret Record of Vital Statistics in the City of Baltimore.

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29413

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 10th 1879
4. Place of Birth (Street and Number) McHenry St. near Fulton
5. Full Name of Mother Harriet Childs
6. Mother's Maiden Name — Dyaw
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George W. Childs
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White, M.D.

Address 30 N. Gilmor St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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2,911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th Feb 1879
4. *Place of Birth (Street and Number)* 335 Eastern avenue
5. *Full Name of Mother* Maggie Donohue
6. *Mother's Maiden Name* Maggie King
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Patrick Donohue
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29415

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feby 20th 1879
4. Place of Birth (Street and Number)	95 S. Caroline
5. Full Name of Mother	Mary E. Thomas
6. Mother's Maiden Name	" " Roberts
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Wesley Thomas
9. Father's Occupation	waterman
10. Father's Birthplace	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

29416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr. 10 d. 1879
4. *Place of Birth (Street and Number)* 160 Schustrel
5. *Full Name of Mother* Ida Bernschein
6. *Mother's Maiden Name* J. Rose
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Theodor Bernschein
9. *Father's Occupation* Musiker
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29417

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 10. 1879.
4. *Place of Birth (Street and Number)* Harford Av. No. 594.
5. *Full Name of Mother* Christine Hiller
6. *Mother's Maiden Name* Christine Lahegdz
7. *Mother's Birthplace* Rodenhausen. Kr. Preussen. Germany
8. *Full Name of Father* Ludwig Hiller
9. *Father's Occupation* Baker
10. *Father's Birthplace* Fulda. Kr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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29419

HEALTH DEPARTMENT
FEB 14 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13 & 14

1. Sex (state whether Male or Female) Twins both girls
2. Race or Color (if not of the white race) Black
3. Date of Birth Feb 10th
4. Place of Birth (Street and Number) 3. Norris St
5. Full Name of Mother Mary Jones
6. Mother's Maiden Name
7. Mother's Birthplace Maryland
8. Full Name of Father Geo Jones
9. Father's Occupation Drayman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. M K Warner

Address Cor Townsend & Stricker

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 10
4. *Place of Birth (Street and Number)* 106 Lancaster st
5. *Full Name of Mother* Ales Harreson
6. *Mother's Maiden Name* Ales Page
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Harreson
9. *Father's Occupation* Cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jacobs

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	10 Feb
4. *Place of Birth (Street and Number)*	16 Davis St
5. *Full Name of Mother*	Mary Joyce
6. *Mother's Maiden Name*	J Davis
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Martin Joyce
9. *Father's Occupation*	Malt House
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Arnold Christmer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	10 Feb
4. *Place of Birth (Street and Number)*	No 6 Concord St
5. *Full Name of Mother*	Elisa Treiman
6. *Mother's Maiden Name*	Daugherty
7. *Mother's Birthplace*	Irelander
8. *Full Name of Father*	Michel Treiman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrisman
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29423

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 10th 1.45 P. M. 1879
4. *Place of Birth (Street and Number)* 18 Albemarle
5. *Full Name of Mother* Ellen Leonard
6. *Mother's Maiden Name* Ellen Kelly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Francis Leonard
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

29424

HEALTH DEPARTMENT
FEB 12 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Collord.
3. *Date of Birth* February 10th, 1879.
4. *Place of Birth (Street and Number)* No 78. Dallis St.
5. *Full Name of Mother* Esabella Anderson
6. *Mother's Maiden Name* Esabella Anderson
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A Butt.

Address No 185. S E cor. Centrel av. & Monument St.

Remarks All Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29425

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White Race
3. Date of Birth The 10 day of February
4. Place of Birth (Street and Number) Chester Street No 89
5. Full Name of Mother Laura Emma Robbins
6. Mother's Maiden Name Laura Emma Thomas
7. Mother's Birthplace Borned in Dorchester County
8. Full Name of Father Samuel Washington Robbins
9. Father's Occupation Father is Commishion Merchant
10. Father's Birthplace Borned in the lower part of dorchester

Name of Medical Attendant, or other Person who makes this Return. Mrs. S Enowels. 165 S. Chester St

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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N.A. 11 29426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb 11 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Maggie Lee
6. *Mother's Maiden Name* Maggie Larkin
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm Larkin
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. House Physician

Address Maternite Hospital

Remarks In labor when admitted, child born 3 minutes after admission - both doing well - Patient rode from Waverly Since labor began

29427

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	~~W~~ Feb 14 1879
4. *Place of Birth (Street and Number)*	316 William st
5. *Full Name of Mother*	~~A~~ Alice A Weberhart
6. *Mother's Maiden Name*	Alice A Wells
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Henry Eberhart
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Portsmouth va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anne Nash
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 11th 1879.
4. *Place of Birth (Street and Number)* No 64 N. Charles St.
5. *Full Name of Mother* Bettie Rider.
6. *Mother's Maiden Name* Bettie Thomas
7. *Mother's Birthplace* Frederick Co. Md.
8. *Full Name of Father* William Noble Rider
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Harper's Ferry, Virginia.

Name of Medical Attendant, or other Person who makes this return A. C. Fox M.D.

Address 109 N. Charles Street.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 11th 1879
4. Place of Birth (Street and Number) No 156 Ensor St
5. Full Name of Mother Anna Snyder
6. Mother's Maiden Name Anna Stenger
7. Mother's Birthplace Germany
8. Full Name of Father Sebastian Snyder
9. Father's Occupation Labour
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Killeyers

Address No 1.8 [illegible] Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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vert Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 11th 1879
4. *Place of Birth (Street and Number)* N° 145 N. Charles St
5. *Full Name of Mother* Victoria S. Gettings
6. *Mother's Maiden Name* Victoria Sellman
7. *Mother's Birthplace* Ann Arundel Co. Md
8. *Full Name of Father* Richard J. Gettings
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. H. Chatard M.D

Address N° 114 Park Av.

Remarks

RETURN OF A BIRTH.

29431

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	forth
(state whether Male or Female)	Male
or Color (if not of the white race)	white race
Date of Birth	February the 11th
Place of Birth (Street and Number)	Baltimore Fort ave 20
Full Name of Mother	Jane Mullen
Mother's Maiden Name	Jane Heavril
Mother's Birthplace	Baltimore Co Md
Full Name of Father	John Mullen
Father's Occupation	Laborer
Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Halloran
Address	Fort ave & Ca 92
Remarks	

RETURN OF A BIRTH.

29432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1879
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Feby 11th

4. *Place of Birth* (*Street and Number*) No 6 N. Eager

5. *Full Name of Mother* Mary Butler

6. *Mother's Maiden Name* Kilduff

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Eugene Butler

9. *Father's Occupation* Brassfinisher

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Whitridge

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29433

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace U

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

291434

HEALTH DEPARTMENT
MAR
1
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* Febuary 11 A 1874
4. *Place of Birth (Street and Number)* ~~Grand~~ St 258 "
5. *Full Name of Mother* Kunigunda Buttner
6. *Mother's Maiden Name* " Bitting
7. *Mother's Birthplace* Bavara
8. *Full Name of Father* John Buttner
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Bavara

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Illig

Address 42 Holland St

Remarks

29436

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	9 te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Febr. 11. 1879
4. Place of Birth (Street and Number)	11. Schappel str No 63
5. Full Name of Mother	Josephine Bens
6. Mother's Maiden Name	Schütte
7. Mother's Birthplace	Hanover
8. Full Name of Father	Cornelius Bens
9. Father's Occupation	Star Piper
10. Father's Birthplace	Ost Frieslandt
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rauprich
Address	South Wolfe str No 28 Midwife
Remarks	Death d. 16. Febr. 1879 Lienbacken krampfe
	Attestat mr Joh Rauprich

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29436

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	9 t
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 11. 1879
4. Place of Birth (Street and Number)	N. Schappelstr No 63
5. Full Name of Mother	Josephine Bens
6. Mother's Maiden Name	Schütte
7. Mother's Birthplace	Hanover
8. Full Name of Father	Bernhard Bens
9. Father's Occupation	Star Dipper
10. Father's Birthplace	Ost Frieseland
Name of Medical Attendant, or other Person who makes this Return.	Wm Fr. Baumann
Address	S. Wolf str No 28
Remarks	M. Imple

RETURN OF A BIRTH.

29437

HEALTH DEPARTMENT
FEB 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male or ~~Female~~).

2. Race or Color (if not of the white race) "

3. Date of Birth Feber 11. 1879

4. Place of Birth (Street and Number) N. Warschingtonstr No 106

5. Full Name of Mother Berta Wettschinkofska

6. Mother's Maiden Name Mussal

7. Mother's Birthplace Wiene Pr. Posen

8. Full Name of Father Stanislaus Wettschinkofska

9. Father's Occupation Tailor

10. Father's Birthplace Wiene Posen

Name of Medical Attendant, or other Person who makes this Return. Wm Fch. Baugach

Address S. Wolfs str 1128

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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29438

HEALTH DEPARTMENT
FEB 17 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or ~~Female~~) ,,

2. Race or Color (if not of the white race)

3. Date of Birth Febr 11. 1879

4. Place of Birth (Street and Number) S. Durhamstr 63

5. Full Name of Mother Barbara Zeberlein

6. Mother's Maiden Name Huppmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Johann Zeberlein

9. Father's Occupation Talor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr 4 28

Remarks M. Twife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born ills or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT
17
1879
BALTIMORE

24439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 February
4. *Place of Birth (Street and Number)* Gaddis st No 1
5. *Full Name of Mother* Cathern Kiser
6. *Mother's Maiden Name* Cathern Conway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Conway
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conway

Address 121 Battery Av

Remarks

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

29440

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 11th 1879
4. *Place of Birth (Street and Number)*	61st near Bank
5. *Full Name of Mother*	Mary Smith
6. *Mother's Maiden Name*	" Ott
7. *Mother's Birthplace*	Balto. city
8. *Full Name of Father*	Frank Smith
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29441

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 11th Feber 1879

4. Place of Birth (Street and Number) No 381 West St

5. Full Name of Mother Anna Shepley

6. Mother's Maiden Name Anna Lorens

7. Mother's Birthplace Baltimore

8. Full Name of Father George Shepley

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russell St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29449

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 Febr 1879
4. Place of Birth (Street and Number)	122 Gorman St
5. Full Name of Mother	Mary Shaffer
6. Mother's Maiden Name	Mary Bichatt
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Shaffer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Magarney
Address	Russell St No 70
Remarks	

29443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 11th 1879
4. *Place of Birth (Street and Number)* No. 731 Hanover st
5. *Full Name of Mother* Elisabeth Schloegel
6. *Mother's Maiden Name* Jacob
7. *Mother's Birthplace* Germaney.
8. *Full Name of Father* Friedrich Schloegel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29444

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	February 11th
4. *Place of Birth (Street and Number)*	no 14 york st
5. *Full Name of Mother*	Fannie tubman
6. *Mother's Maiden Name*	Fannie cornish
7. *Mother's Birthplace*	cambridge md
8. *Full Name of Father*	isac tubman
9. *Father's Occupation*	Labour
10. *Father's Birthplace*	cambridge md
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 pat ps convenience kelly

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29445

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Feb 13th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 11th 1879.
4. *Place of Birth (Street and Number)* 48 Hode St.
5. *Full Name of Mother* Annie Fredrich
6. *Mother's Maiden Name* Annie White.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Frederich.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Rev Mary Arnold

Address 132 South Wolfe Street

Remarks.

RETURN OF A BIRTH.

29446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11th Feby '79
4. Place of Birth (Street and Number) 16 N. Ann St.
5. Full Name of Mother Lillie Barnes
6. Mother's Maiden Name Lillie Morrell
7. Mother's Birthplace Balt. City
8. Full Name of Father Edmund Barnes
9. Father's Occupation Printer
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address S.W. Calvert & Read Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29447.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 11th. 1879.
4. *Place of Birth (Street and Number)* No. 14 S. Central Ave.
5. *Full Name of Mother* Joanna Kelly.
6. *Mother's Maiden Name* Joanna Bolleu
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Kelly
9. *Father's Occupation* Machine Moulder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ann E. Ball.

Address No. 171 S. Chester St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29448

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 11th 1879
4. *Place of Birth (Street and Number)*	52 Division Street
5. *Full Name of Mother*	Emily Amelia Minnick
6. *Mother's Maiden Name*	" " Pounds
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Wm F Minnick
9. *Father's Occupation*	Expressman
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	T. J. Ward M D
Address	129 St Paul St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colled
3. Date of Birth	febuay 12 1879
4. Place of Birth (Street and Number)	105 York street
5. Full Name of Mother	Anna Gross
6. Mother's Maiden Name	Anna Gross
7. Mother's Birthplace	tolbet County
8. Full Name of Father	Edwards Gross
9. Father's Occupation	sailor
10. Father's Birthplace	tolbet county
Name of Medical Attendant, or other Person who makes this Return.	a minta Wilson
Address	Midwife Light Street
Remarks	No 10 entrance either court below

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29450

HEALTH DEPARTMENT
FEB
14
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 12th 1879
4. *Place of Birth (Street and Number)* Baltimore Hill st No 43
5. *Full Name of Mother* Kate Welch
6. *Mother's Maiden Name* Fahey
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Welch
9. *Father's Occupation* works in gas house
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. & Elizabeth Scarborough

Address No 220 Montgomery Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 12th 1879
4. Place of Birth (Street and Number) Balt No 215 Howard St
5. Full Name of Mother Elizabeth Boon
6. Mother's Maiden Name " " Evans
7. Mother's Birthplace Anne Arundel co
8. Full Name of Father Joseph Boon
9. Father's Occupation Oyster house
10. Father's Birthplace Anne Arundle co

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Francis Granby

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29452

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 12 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 12th 1879
4. *Place of Birth (Street and Number)* 129 Duncan Alley
5. *Full Name of Mother* Elizabeth Geiger
6. *Mother's Maiden Name* " Geiger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Geiger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29453

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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Per Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 12th 1879
4. *Place of Birth (Street and Number)* 109 Duncan Alley
5. *Full Name of Mother* Maria Holyshock
6. *Mother's Maiden Name* " Ulrich
7. *Mother's Birthplace* City
8. *Full Name of Father* George Holyshock
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Bell

Address 245 Canton Ave,

Remarks

RETURN OF A BIRTH.

29454

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th February 1879
4. Place of Birth (Street and Number) 215 Pierce St
5. Full Name of Mother Margaretha Stumpf
6. Mother's Maiden Name " Bely
7. Mother's Birthplace Germany
8. Full Name of Father John Stumpf
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eggeding

Address 14 Union St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29455

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the fifth child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored child

3. *Date of Birth* Wednesday 12 of Feb 1879

4. *Place of Birth (Street and Number)* 84 North Bethel St

5. *Full Name of Mother* Charlotte Isaacs.

6. *Mother's Maiden Name* Charlotte Isaacs.

7. *Mother's Birthplace* Baltimore M D.

8. *Full Name of Father* Robert Isaacs.

9. *Father's Occupation* Hash & Sausage

10. *Father's Birthplace* Baltimore M D.

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan Midwife

Address 47 North Durham St

Remarks

29456

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 12 of Feb. 1878
4. *Place of Birth (Street and Number)* 596 West Pratt St.
5. *Full Name of Mother* M. Loos
6. *Mother's Maiden Name* M. Hummering
7. *Mother's Birthplace* born in the Bavaria Ger.
8. *Full Name of Father* Lorenz Loos
9. *Father's Occupation* Pretzel Baker
10. *Father's Birthplace* born in Bavaria G.

Name of Medical Attendant, or other Person who makes this return M. Miller

Address 1017 West Pratt St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th Feb. 1879
4. *Place of Birth (Street and Number)* Lancaster St.
5. *Full Name of Mother* Mary Granville
6. *Mother's Maiden Name* Ewig
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Granville
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Schottland

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E. Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth 12 February 1879.

4. Place of Birth (Street and Number) 731 W. Lombard St.

5. Full Name of Mother Marry Herbert ~~St~~

6. Mother's Maiden Name Marry Gies.

7. Mother's Birthplace Monberg in Cuhoffen

8. Full Name of Father George Frank Herbert

9. Father's Occupation Butscher.

10. Father's Birthplace Bäyern.

Name of Medical Attendant, or other Person who makes this Return. Miss Lindner

Address 1425 S. Monroe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Cassel Ate Mile

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colred
3. Date of Birth the 12 ~~Feb~~ Feb
4. Place of Birth (Street and Number) Wilmor Alley 90
5. Full Name of Mother Mrs Arena Cassel
6. Mother's Maiden Name One Cats
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamd Le Assel
9. Father's Occupation ~~Coch~~ man Coch man
10. Father's Birthplace Balmore

Name of Medical Attendant, or other Person who makes this Return. Sary ~~S Mather~~ S Mather

Address 35 Jorge Street dey

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 12th 1879
4. Place of Birth (Street and Number) No 276 Gough Street
5. Full Name of Mother Elizabeth Kiggane
6. Mother's Maiden Name Elizabeth Shoick
7. Mother's Birthplace Germany
8. Full Name of Father Barnard Kiggane
9. Father's Occupation Can Maker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address No 193 South Chester Street Baltimore Md

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29461

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12th February 1879
4. Place of Birth (Street and Number) 909 E. Baltimore st
5. Full Name of Mother Anna Mary Radecke
6. Mother's Maiden Name " " Meyer
7. Mother's Birthplace Hanover. Germany
8. Full Name of Father Herman Friederich Radecke
9. Father's Occupation Carpenter
10. Father's Birthplace Hanover, Germany

Name of Medical Attendant, or other Person who makes this Return. Margaret Steng

Address 805 E. Pratt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

294621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 12th 1879
4. *Place of Birth (Street and Number)* No 509 Saratoga St
5. *Full Name of Mother* Georganna Hoffman
6. *Mother's Maiden Name* Georganna High
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles A. Hoffman
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebenger

Address No 23 N. Liberty St.

Remarks

RETURN OF A BIRTH.

29463

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the third
1. Sex (state whether Male or Female)	A male child
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	Feb 12th 1879
4. Place of Birth (Street and Number)	No 65 Welcome alley Baltimore Md
5. Full Name of Mother	Marthey Whatkins
6. Mother's Maiden Name	Marthey House
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robberd Whatkins
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sallie Johnes
Address	No 67 Welcome alley Baltimore Md
Remarks	A live born child and a very prosperous looking one.

RETURN OF A BIRTH.

294614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
181
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 12th
4. Place of Birth (Street and Number)	No 81 Scott Street
5. Full Name of Mother	Louisa Perkins
6. Mother's Maiden Name	" Warner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Perkins
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Morrison
Address	No 112 Scott St
Remarks	

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr. 12 d. 1879
4. *Place of Birth (Street and Number)* 119 E. Mc Elderry.
5. *Full Name of Mother* Marie Elisabeth Lenhard
6. *Mother's Maiden Name* M. El. Brune
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Ferdinand W. Lenhard
9. *Father's Occupation* Plumper
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. H. R. Rudiger

Address 134 n Bondst.

Remarks

RETURN OF A BIRTH.

29466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr. 12 d 1879
4. *Place of Birth (Street and Number)* 200 E. Saratoga Str.
5. *Full Name of Mother* Margrete Penzel
6. *Mother's Maiden Name* M. Vehad
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Penzel
9. *Father's Occupation* Werken Man
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. K. Rudiger

Address 134 E. Bond Str.

Remarks

RETURN OF A BIRTH.

29467

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 12 th 1879
4. *Place of Birth (Street and Number)*	No 277 Sharp st
5. *Full Name of Mother*	Elisa Eichenbrodt
6. *Mother's Maiden Name*	Leun
7. *Mother's Birthplace*	America
8. *Full Name of Father*	John Eichenbrodt
9. *Father's Occupation*	Storekeeper
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohoegger midwife
Address	330 Hanover st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29468

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~October~~ 20th 1878
4. *Place of Birth (Street and Number)* Eighteenth St. Centre
5. *Full Name of Mother* Lizzie Thompson
6. *Mother's Maiden Name* Lizzie Crader
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* William Thompson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walsh

Address 125 N. Caroline

Remarks

RETURN OF A BIRTH.

29469

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 7d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 12 - 1879
4. *Place of Birth (Street and Number)* No 379 Orleans st
5. *Full Name of Mother* Laura V Sandlin
6. *Mother's Maiden Name* Pritchard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Isaac James Sandlin
9. *Father's Occupation* Lumber
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harrington

Address No 339 Canton Ave

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

29470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cl

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th February
4. *Place of Birth (Street and Number)* 226 Preston st
5. *Full Name of Mother* Emeline Abren
6. *Mother's Maiden Name* Erb
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Abren
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelking

Address 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29471

HEALTH DEPARTMENT
FEB 14 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 of February 1879
4. *Place of Birth (Street and Number)* bradford 40 alley
5. *Full Name of Mother* Tillie yosse
6. *Mother's Maiden Name* Tillie Weimithofer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Weimithofer
9. *Father's Occupation* Bakper
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Tibby

Address No 12 Patterson Park Av

Remarks

29472

HEALTH DEPARTMENT
FEB 13 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 Feb
4. Place of Birth (Street and Number)	238 Madison St
5. Full Name of Mother	Margaret Hollins
6. Mother's Maiden Name	Connoly
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bechard Hollins
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T. Chrismer
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE FEB 13 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* ~~Male~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 12th 1879
4. *Place of Birth (Street and Number)* 66 Argyle Av.
5. *Full Name of Mother* Annie Hanna
6. *Mother's Maiden Name* Annie Tredaing
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Henry W. Hanna
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address Co. Argyle av. & Lanvale St.

Remarks

29474

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 12th 1879
4. *Place of Birth (Street and Number)* 266 S. Dallas St
5. *Full Name of Mother* Annie E. Shay
6. *Mother's Maiden Name* Annie E. Kirby
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Shay
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

994-75

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White " "
3. *Date of Birth*	13 Feb, 1879
4. *Place of Birth (Street and Number)*	125 Edmonds St
5. *Full Name of Mother*	Sarah F. Clark
6. *Mother's Maiden Name*	Frazier
7. *Mother's Birthplace*	Alexandria Virginia
8. *Full Name of Father*	Welsey Clark
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Stafford Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	C. J. Williams M.D
Address	17 Belmont St
Remarks	The above child died six hours after birth — Premature birth.

29476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13th February

4. Place of Birth (Street and Number) 501 N. Conn St

5. Full Name of Mother Lottie F. Metter

6. Mother's Maiden Name " " Zimmerman

7. Mother's Birthplace Lexington Kentucky

8. Full Name of Father D. H. Metter

9. Father's Occupation Paperhanger

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isabelle Oliver

Address 238 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

294-77

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 13
4. Place of Birth (Street and Number)	223 S. Eutaw
5. Full Name of Mother	Ella Nash
6. Mother's Maiden Name	Ella Johnson
7. Mother's Birthplace	Cambridge Md.
8. Full Name of Father	William Nash
9. Father's Occupation	Cook
10. Father's Birthplace	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Lucy Walker
Address	150 S. Eutaw St. Baltimore Md
Remarks	

29478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 13th 1879
4. *Place of Birth (Street and Number)* 15 ½ Bradford alley
5. *Full Name of Mother* Rosina Grug
6. *Mother's Maiden Name* " Haas
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Thomas Grug
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Botz

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29479

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 13 of Sept
4. *Place of Birth (Street and Number)* West of Pratt St
5. *Full Name of Mother* Kate Hammerbacher
6. *Mother's Maiden Name* Lentz
7. *Mother's Birthplace* born in Bavaria Ge
8. *Full Name of Father* John Hammerbacher
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bavaria Ge

Name of Medical Attendant, or other Person who makes this return

Address 824 West Pratt St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
RECEIVED
17
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	13 February 1879
4. *Place of Birth (Street and Number)*	108 Russell st
5. *Full Name of Mother*	Amelia Yorke
6. *Mother's Maiden Name*	" Hirsh
7. *Mother's Birthplace*	Hessen Darmstadt Germany
8. *Full Name of Father*	Andrew Yorke
9. *Father's Occupation*	Black Smith
10. *Father's Birthplace*	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	228 South Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29481

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	15th of February 1879
4. Place of Birth (Street and Number)	35 N. Strieker st
5. Full Name of Mother	Paula Klein
6. Mother's Maiden Name	Paula Nurse
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Daniel Klein
9. Father's Occupation	Traveling Agent
10. Father's Birthplace	Mourbach (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Dr. Alexander M.D.
Address	120 Park st Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

29482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 13th 1879
4. *Place of Birth (Street and Number)* No 202 Light st
5. *Full Name of Mother* Sophie Schlininger
6. *Mother's Maiden Name* Junge
7. *Mother's Birthplace* America
8. *Full Name of Father* Joseph Schlininger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgasser midwife

Address 330 Hanover st.

Remarks

29483

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Febry 13 1879
4. *Place of Birth (Street and Number)* 702 W Balt
5. *Full Name of Mother* Henrietta Head
6. *Mother's Maiden Name* " Beckler
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Frank Head
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

2946 11

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Feb. 11. 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d 11

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb 13th 1879.
4. *Place of Birth (Street and Number)* 304 Bond Street.
5. *Full Name of Mother* Rebbecca Samuel.
6. *Mother's Maiden Name* Rebbecca Grünewald.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Jacob Samuel.
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 131 South Wolfe Strat

Remarks M

RETURN OF A BIRTH.

2911-85

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* February the 13-14-79
4. *Place of Birth (Street and Number)* Lilly Broadway no 2 Baltimore
5. *Full Name of Mother* Lizer Jane young
6. *Mother's Maiden Name* Lizer Jane Jackson
7. *Mother's Birthplace* ~~Talbot~~ County and
8. *Full Name of Father* James Henry Jacksons
9. *Father's Occupation* butcher
10. *Father's Birthplace* Sant mary County

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Register St Baltimore

Remarks

29486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 13 February 1879
4. *Place of Birth (Street and Number)* No 151 Carlin Ste
5. *Full Name of Mother* Emma Cold
6. *Mother's Maiden Name* Emma Flannor
7. *Mother's Birthplace* Carlin County
8. *Full Name of Father* Wesley Cold
9. *Father's Occupation* Leaker
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Brooks William

Address No 70 Chest Street

Remarks Mother And Child doing Well

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Feb 14th 1879
4. Place of Birth (Street and Number) 1 Ao Mulberry Street
5. Full Name of Mother Lizzie ~~Halcao~~ Sella
6. Mother's Maiden Name Lizzie Halcao
7. Mother's Birthplace Waverley Baltimore Co. Md
8. Full Name of Father Fred Sella
9. Father's Occupation Barber
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Z. R. Wiley M.D.

Address Cor Hanover & Lee Streets

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (~~state whether Male or Female~~) male
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* 2.14.79
4. *Place of Birth (Street and Number)* 336 Maryland
5. *Full Name of Mother* Jane T. Weedon
6. *Mother's Maiden Name* Nichols
7. *Mother's Birthplace* Md
8. *Full Name of Father* Saml. Weedon
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this return [illegible]

Address 349 [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 14th
4. Place of Birth (Street and Number)	340 Lamvale St
5. Full Name of Mother	Alice ~~Edwards~~
6. Mother's Maiden Name	Alice Jacobs
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Quarles
9. Father's Occupation	Lumber-Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltim

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

99490

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Febuary the 14
4. *Place of Birth (Street and Number)*	Parish st No 23 Baltimore
5. *Full Name of Mother*	Mary E Jones
6. *Mother's Maiden Name*	Mary E Smith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	yeorge M Jones
9. *Father's Occupation*	gilder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Fruhauger
Address	293 Ramsy st Baltimore
Remarks	Mrs. E Smith

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 1879
4. Place of Birth (Street and Number) S W Corner Fremont & Mulberry Sts
5. Full Name of Mother Mary A Struven
6. Mother's Maiden Name May A Lotz
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Henry G Struven
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J W Wm Cornell M.D.

Address 498 W Fayette St Baltimore City Md

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29492

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb'y 24
4. *Place of Birth (Street and Number)*	Preston near Bolton St.
5. *Full Name of Mother*	Fannie Hewlett
6. *Mother's Maiden Name*	Norris
7. *Mother's Birthplace*	Balt'o
8. *Full Name of Father*	Jas H. Hewlett
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Balt'o
Name of Medical Attendant, or other Person who makes this Return.	A. McWilson
Address	257 Madison Ave
Remarks	Instrumental assistance

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29493

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth February 14th 1879

4. Place of Birth (Street and Number) Bethel St. 67

5. Full Name of Mother Jane Blume

6. Mother's Maiden Name " Kraft

7. Mother's Birthplace Balto Md

8. Full Name of Father John G. Blume

9. Father's Occupation Tailor

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29494

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 14 Feby 1879 (a live valentine!)
4. *Place of Birth (Street and Number)* 121 Linden ave
5. *Full Name of Mother* Louisa Winklemeyer
6. *Mother's Maiden Name* " Fitzberger
7. *Mother's Birthplace* Md
8. *Full Name of Father* John H Winklemeyer
9. *Father's Occupation* newspaper carrier
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill

Address 129 W Biddle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Feb. 14 1879
4. Place of Birth (Street and Number) Maternite Hospital
5. Full Name of Mother Kate Baughn
6. Mother's Maiden Name " "
7. Mother's Birthplace Virginia
8. Full Name of Father Mr. Unknown
9. Father's Occupation "
10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. David Street M.D. House Phys.

Address Maternite Hospital

Remarks Position R. O. I. P. and did not rotate, ant. fontanelle came beneath S. pubis and occiput swept over perineum, forceps used both doing well.

rect Record of Vital Statistics in the City of Baltimore.

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29496

RETURN OF A BIRTH.

11 " "

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female) mail
2. Race or Color (if not of the white race) calard
3. Date of Birth febrery 14 1879
4. Place of Birth (Street and Number) no 41 [illegible] little mc Edry St Bald
5. Full Name of Mother geargeanna harris
6. Mother's Maiden Name geargeanna Ruff
7. Mother's Birthplace Baltimore county
8. Full Name of Father Samuel harris
9. Father's Occupation labor for Brickliead
10. Father's Birthplace talbot county md

Name of Medical Attendant, or other Person who makes this Return. mrs Sophy hines

Address no 135 chesnut St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 February
4. *Place of Birth (Street and Number)* 65 Granby St
5. *Full Name of Mother* Teresa Byrnes
6. *Mother's Maiden Name* Byrnes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilm C Hansen
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Siner

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colt
3. Date of Birth 14th Feby. 1879
4. Place of Birth (Street and Number) 152 S. Dallas St.
5. Full Name of Mother Annie Robeson
6. Mother's Maiden Name Annie Walker
7. Mother's Birthplace Annatrundel County
8. Full Name of Father George Robeson
9. Father's Occupation Laborer
10. Father's Birthplace Annatrundel County

Name of Medical Attendant, or other Person who makes this Return. Leah Walker

Address 164 S Durham St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29499

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* Feb. 14. 1879
4. *Place of Birth (Street and Number)* 253 Lanvale st,
5. *Full Name of Mother* Mrs. Mary Anna Mannakee,
6. *Mother's Maiden Name* Naill,
7. *Mother's Birthplace* Carroll Co., Md
8. *Full Name of Father* Dr. E. O. Mannakee,
9. *Father's Occupation* Physician,
10. *Father's Birthplace* Montgomery C.,

Name of Medical Attendant, or other Person who makes this Return. J. L. Ingle M. D.

Address 247 Lanvale st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* July 14th /79
4. *Place of Birth (Street and Number)* 575 W Fayette St.
5. *Full Name of Mother* Marie Teresa Mincher
6. *Mother's Maiden Name* Marie Teresa Eschbach
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward M. Mincher
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John J. R. Wroper Md

Address " City

Remarks The Child abnormaly large - Delivery Instrumental

Dissolution following Delivery

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb 15th 1879.
4. Place of Birth (Street and Number) #172. N. Calhoun St.
5. Full Name of Mother Evelyn H. Hamilton
6. Mother's Maiden Name Evelyn H. Webb.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Wm Pinkney Hamilton
9. Father's Occupation Editor
10. Father's Birthplace ~~Bell Air Harford Co. Md~~ Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Howard.

Address Dr Wm T. Howard. Madison Ave.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Colord race
3. Date of Birth Febuary the 15 18 79
4. Place of Birth (Street and Number) 160 Chaffee St Baltimore md
5. Full Name of Mother Rebecker Adkins
6. Mother's Maiden Name Rebecker Meddle
7. Mother's Birthplace Est tren Shore via
8. Full Name of Father Joseph Adkins
9. Father's Occupation Wagnor
10. Father's Birthplace Est Shore via

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Regesster St Baltimore md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 by Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the. 15. 1879.
4. *Place of Birth (Street and Number)* Low St. No 142.
5. *Full Name of Mother* Maria Miehler
6. *Mother's Maiden Name* Maria Tehrennemann.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Herman Mieler
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Nordhausen. K. Preussen. Gamany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

29504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 15th Day of February
4. Place of Birth (Street and Number) No 12 of Dewbey Aley Baltimore
5. Full Name of Mother Mary Maggie Arold
6. Mother's Maiden Name Not Married
7. Mother's Birthplace Dewbey Aley
8. Full Name of Father Charlie Weber
9. Father's Occupation Musician
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mis Seebach

Address 439 West Pratt [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* 15 February 1879
4. *Place of Birth (Street and Number)* 96 Lombard St
5. *Full Name of Mother* Ana Bienstein
6. *Mother's Maiden Name* Eilet
7. *Mother's Birthplace* U S
8. *Full Name of Father* Charles Bienstein
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 29506

HEALTH DEPARTMENT FEB 24 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 15th 7½ P. M. 1899
4. *Place of Birth (Street and Number)* 238 S. Durham
5. *Full Name of Mother* Mary Sterling
6. *Mother's Maiden Name* Mary Bierman
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Edward Sterling
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 2212 E. Baltimore Street

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29507

over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) MATHILDE ROSENORN Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th February
4. Place of Birth (Street and Number) Park av 269
5. Full Name of Mother Augusta Brelke Rosenorn
6. Mother's Maiden Name Augusta Brelke
7. Mother's Birthplace Baltimore
8. Full Name of Father Theodor Rosenorn
9. Father's Occupation Prof. of Riding Academy
10. Father's Birthplace Danmark

Name of Medical Attendant, or other Person who makes this Return. Mrs Schleifer

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29508

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	20th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Collard
3. *Date of Birth*	January 15-th
4. *Place of Birth (Street and Number)*	Baltimore City Penn alley #21
5. *Full Name of Mother*	Ellen Jane Forrest
6. *Mother's Maiden Name*	" " Faulk
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Walter Forrest
9. *Father's Occupation*	Stone Mason
10. *Father's Birthplace*	Norfolk Va
Name of Medical Attendant, or other Person who makes this return	Fanney S Faulk
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29509

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Feby 15th 1879.
4. Place of Birth (Street and Number)	165 E. Lanvale Str "
5. Full Name of Mother	A. B. Riley "
6. Mother's Maiden Name	Addie Brewer "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Zach. Riley "
9. Father's Occupation	Labourer "
10. Father's Birthplace	Baltimore "
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 171 N Washington Ave.
Remarks	

H D

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 BALTIMORE

29510

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Feb 15 1879
4. *Place of Birth (Street and Number)*	No 54 Law Mill
5. *Full Name of Mother*	Sarah Isaac
6. *Mother's Maiden Name*	Sarah Brown
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Joseph Isaac
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	St Michels
Name of Medical Attendant, or other Person who makes this Return.	Robt Wilson
Address	Within No 10 Chestnut
Remarks	Mother died Child Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Relative to Vital Statistics in the City of Baltimore.

29511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 15th 1879
4. *Place of Birth (Street and Number)* 60 Mulberry St
5. *Full Name of Mother* Catherine Byrne
6. *Mother's Maiden Name* " McElroy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Richard Byrne
9. *Father's Occupation* Carpet Fitter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehe (Mid)

Address 220 Preston St

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 15th
4. *Place of Birth (Street and Number)* 155 Gough St
5. *Full Name of Mother* Mary Wasmuth
6. *Mother's Maiden Name* Ritter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Wasmuth
9. *Father's Occupation* Leather Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Ave

Remarks Called in Doctor lately

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

29513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Caucassian
3. *Date of Birth* Feb. 15 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Mary Hoffman
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett MD House Phys.

Address Maternite Hospital

Remarks In later, when admitted, membrane had ruptured

both are doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29514

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Feb. 15 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Sophia Fisher
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D., House P.C.

Address Maternite Hospital

Remarks Complicated by cystocele + Rectocele, natural termination both doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29515

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15-th February 1879
4. Place of Birth (Street and Number) 424 Canton. Avenue
5. Full Name of Mother Wilhelmina Wienert
6. Mother's Maiden Name " Goerke
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Wienert
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Lucken

Address No 10 Essex st

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb. 15 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Lizzie Rowe
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Mr Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett Md. House Phys.

Address Maternite Hospital.

Remarks Labor natural, both doing well. R.O.I.P

Position

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29517

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* ✓
3. *Date of Birth* February 15 1879
4. *Place of Birth (Street and Number)* Baltimore Cathedral Alley No 2
5. *Full Name of Mother* Mary Newbury
6. *Mother's Maiden Name* Mary Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Newbury
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Frederick Wm Amendt Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	15 Feb 1899
4. *Place of Birth (Street and Number)*	59 E Bank St.
5. *Full Name of Mother*	Mary ~~Emma~~ Catherine D Amendt
6. *Mother's Maiden Name*	~~Conrad~~ Leonhardt
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Frederick (~~Jr~~) Wm (~~Henry~~) Amendt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E. Bank St
Remarks	

HEALTH DEPARTMENT FEB 19 BALTIMORE

99518

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART FEB 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 18th Feby 1879
4. *Place of Birth (Street and Number)* 65 Ballard St.
5. *Full Name of Mother* Lizzie Blake
6. *Mother's Maiden Name* Lizzie Blake
7. *Mother's Birthplace* Eastern Shore Md.
8. *Full Name of Father* unknown
9. *Father's Occupation* ~~~~
10. *Father's Birthplace* ~~~~

Name of Medical Attendant, or other Person who makes this Return. Leal Walker.

Address 104 S Durham St.

Remarks

29520

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 15th 1879
4. *Place of Birth (Street and Number)* No 345 W. Biddle St.
5. *Full Name of Mother* Jane McCarthy
6. *Mother's Maiden Name* Jane Wheeler
7. *Mother's Birthplace* England
8. *Full Name of Father* John McCarthy
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

29521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard

3. Date of Birth Born Feburwary 15th

4. Place of Birth (Street and Number) Baltimore No 9 Clarits Al

5. Full Name of Mother Raline Parin

6. Mother's Maiden Name " "

7. Mother's Birthplace Baltimore

8. Full Name of Father William Briner

9. Father's Occupation Oyster Shucker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amuline Wilson

Address 388 Cross Street

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29522

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 February
4. *Place of Birth (Street and Number)* Low Street 256
5. *Full Name of Mother* Isabella E Swann
6. *Mother's Maiden Name* Isabella R Hodges
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard T Swann
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Kate Munch

Address Sedenhall Street 98

Remarks

29523

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 15. 1879.
4. *Place of Birth (Street and Number)* Forrest St. No 69.
5. *Full Name of Mother* Louise Knöpp.
6. *Mother's Maiden Name* Louise Müller
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christian Knöpp
9. *Father's Occupation* Baker
10. *Father's Birthplace* Ranstadt. Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29524

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febry 16th 1879
4. *Place of Birth (Street and Number)* 211 Constitution
5. *Full Name of Mother* Mary A Standiford
6. *Mother's Maiden Name* " " McCarthy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James M. Standiford
9. *Father's Occupation* Transfer Caught
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 43 N. Calvert St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16th February
4. *Place of Birth (Street and Number)*	39 lemmon Street Baltimore
5. *Full Name of Mother*	Rose annie callahan
6. *Mother's Maiden Name*	Rose annie Ziegler
7. *Mother's Birthplace*	amity street
8. *Full Name of Father*	John Ziegler
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seback
Address	1139 West pratt st
Remarks	

29526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 16th 79
4. Place of Birth (Street and Number)	27 Miller St
5. Full Name of Mother	Annie McGregor
6. Mother's Maiden Name	Annie Gardner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert McGregor
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Isabelle Oliver
Address	238 E. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* Col^d
3. *Date of Birth* 16th Febry. 1879.
4. *Place of Birth (Street and Number)* 192 S. ~~Durham~~ Durham St.
5. *Full Name of Mother* Mary Henson
6. *Mother's Maiden Name* Mary Moore
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* John Henson
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Leah Walker

Address 164 S. Durham St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

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29528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr. 16
4. *Place of Birth (Street and Number)* 74 N. Austrd
5. *Full Name of Mother* Kathrine Biran
6. *Mother's Maiden Name* Kathr. Pitz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Konrad Biran
9. *Father's Occupation* Rackstore
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bondstr.

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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29529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 6 C

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Febr. 16. 1879
4. Place of Birth (Street and Number) S. Schappelstr No 26.
5. Full Name of Mother Morgarethy Morgareth
6. Mother's Maiden Name Brickmann
7. Mother's Birthplace Braumsche Hanover
8. Full Name of Father Hermann Morgareth
9. Father's Occupation Talor
10. Father's Birthplace Neukirch Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address S. Wolfstr No 28

Remarks Midwife

29530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Febr. 16. 1879

4. Place of Birth (Street and Number) Bankstr No 85

5. Full Name of Mother Elisabeth Franz

6. Mother's Maiden Name Bettner

7. Mother's Birthplace Baltimore

8. Full Name of Father Benedick Franz

9. Father's Occupation Lebner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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29531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 16th 7.30 P.M. 1879
4. *Place of Birth (Street and Number)* 94 S. Front Street
5. *Full Name of Mother* Mary Ellen Keary
6. *Mother's Maiden Name* Mary Ellen Keane
7. *Mother's Birthplace* Cork Ireland
8. *Full Name of Father* Henry Keary
9. *Father's Occupation* Conductor on B. P. R. R
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore Street,

Remarks

29532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16th February
4. *Place of Birth (Street and Number)* 39 Parkin st
5. *Full Name of Mother* Caroline J. O'Neil
6. *Mother's Maiden Name* . . . . Tonnonte
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* George L. O'Neil
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumlere 60 Schroter

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* Feb. 16
4. *Place of Birth (Street and Number)* Maternity Hospital
5. *Full Name of Mother* Annie Kerr
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ind.
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Stull M.D. House Phys.

Address Maternity Hospital

Remarks Labor tedious and painful, both doing well.

29534

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th M.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 16th 1879.
4. *Place of Birth (Street and Number)* 80 Wolfe St.
5. *Full Name of Mother* Martha Jane Potter.
6. *Mother's Maiden Name* Martha Jane Putchett
7. *Mother's Birthplace* America.
8. *Full Name of Father* Martin Potter.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Arend.

Address No. 137 Wolfe St.

Remarks ff

RETURN OF A BIRTH.

29535

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 16th 1879
4. Place of Birth (Street and Number) 35 S. Wolf St.
5. Full Name of Mother Mary Duncan
6. Mother's Maiden Name Mary Young
7. Mother's Birthplace Balto. City
8. Full Name of Father Richard Duncan
9. Father's Occupation Hackman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Leaton

Address 111 S Dallas St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29536

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colerd
3. *Date of Birth* feb 16
4. *Place of Birth (Street and Number)* 140 chestnut st
5. *Full Name of Mother* maria henran
6. *Mother's Maiden Name* maria henran
7. *Mother's Birthplace* catonville md
8. *Full Name of Father* henry henran
9. *Father's Occupation* baller
10. *Father's Birthplace* catonsville

Name of Medical Attendant, or other Person who makes this Return. mrs lear Johnson

Address no 32 short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29537

HEALTH DEPARTMENT
FEB
19
1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	calord
3. *Date of Birth*	feb 16
4. *Place of Birth (Street and Number)*	240 north dallas st
5. *Full Name of Mother*	Ellen wilson
6. *Mother's Maiden Name*	Ellen tapis ~~Lanchester~~
7. *Mother's Birthplace*	dorchester co md
8. *Full Name of Father*	charles wilson
9. *Father's Occupation*	labber
10. *Father's Birthplace*	dorchester md
Name of Medical Attendant, or other Person who makes this Return.	mrs lear johnson
Address	no 32 short st
Remarks	healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 16th Feb.
4. *Place of Birth (Street and Number)* Balto. Bailey ave.
5. *Full Name of Mother* Eliza Lentz
6. *Mother's Maiden Name* Eliza Avery
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Philipp Lentz
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway

Address 181 Dock

Remarks

29539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 16 th 1879
4. *Place of Birth (Street and Number)*	No 144 Sharp st
5. *Full Name of Mother*	Anna Magdh
6. *Mother's Maiden Name*	Bishop
7. *Mother's Birthplace*	Germaney.
8. *Full Name of Father*	Friedrich Maish
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace*	Germaney.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrgasser midwife
Address	330 Hanover st
Remarks	

29540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth Born Feb 16th
4. Place of Birth (Street and Number) Lexington st No 32
5. Full Name of Mother Merry Lumber
6. Mother's Maiden Name " Crouder
7. Mother's Birthplace Calvert County
8. Full Name of Father Jacob Gumber
9. Father's Occupation Office Soup
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address 388 Cross street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29511

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third,

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* Febmay 15th 1879
4. *Place of Birth (Street and Number)* 760 West Lexington st
5. *Full Name of Mother* Hester Ferguson Tabb
6. *Mother's Maiden Name* Hester Ferguson,
7. *Mother's Birthplace* Virginia,
8. *Full Name of Father* Philip N. Tabb,
9. *Father's Occupation* Travelling Clerk,
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5th Franklin st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth February 16th 1879
4. Place of Birth (Street and Number) 313. N. Charles St
5. Full Name of Mother Kate Gordon Bowdoin
6. Mother's Maiden Name Price
7. Mother's Birthplace Wilmington, Del.
8. Full Name of Father Wm Graham Bowdoin
9. Father's Occupation Banker
10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29543

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 16th 1879
4. Place of Birth (Street and Number)	118 E. Madison st
5. Full Name of Mother	Louisa Lauria
6. Mother's Maiden Name	Louisa Helling
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robt Giles Lauria
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Winchester, Va.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rice
Address	26 N. Fredrick
Remarks	In fine condition & boy promising.

29544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* Feby 17. 1879
4. *Place of Birth (Street and Number)* 127 W. Biddle st
5. *Full Name of Mother* Worthenia Crowther
6. *Mother's Maiden Name* " Hiss
7. *Mother's Birthplace* Md
8. *Full Name of Father* John Crowther
9. *Father's Occupation* County auditor
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G L Taneyhill

Address 129 W. Biddle st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29545

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 21 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colled
3. Date of Birth	February 17 1879
4. Place of Birth (Street and Number)	153 Hugo Street
5. Full Name of Mother	Ann Maria Waltz
6. Mother's Maiden Name	Ann Maria Suter
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Benjamen Suter
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter
Address	Midwife
Remarks	residence 153 york Street

rect Record of Vital Statistics in the City of Baltimore.

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29546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white race*) Y
3. *Date of Birth* Feby 17th 1879
4. *Place of Birth (Street and Number)* 280 Langdale St.
5. *Full Name of Mother* Florence M. Messersmith
6. *Mother's Maiden Name* Florence M. Gibson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John K. Messersmith
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John J. R. Stokes Ld.

Address City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	Mail
2. *Race or Color (if not of the white race)*	Color
3. *Date of Birth*	feby 17 '79
4. *Place of Birth (Street and Number)*	50 Short St 266
5. *Full Name of Mother*	Ruthy A Robinson
6. *Mother's Maiden Name*	Ruth A. Tyler
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Joseph H Robinson
9. *Father's Occupation*	Minister
10. *Father's Birthplace*	Baltimore County Md
Name of Medical Attendant, or other Person who makes this return	Milly Forbes
Address	York St near Howard st
Remarks	A fine Boy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 11

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 of February 1879
4. *Place of Birth (Street and Number)* Baltimore Dunwoody alley
5. *Full Name of Mother* Mary Tailor
6. *Mother's Maiden Name* Mary Tatom
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Guss Tailor
9. *Father's Occupation* Brick moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs M. Shaffer

Address South Paca St. Bet cross and West 6. 418

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 17
4. *Place of Birth (Street and Number)* 54 Cross st
5. *Full Name of Mother* Mary Stolins
6. *Mother's Maiden Name* Mary Stubard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* William Stolins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 February 1879
4. *Place of Birth (Street and Number)* 72 Lombard St
5. *Full Name of Mother* Louise Mittendorf
6. *Mother's Maiden Name* Kohlmann
7. *Mother's Birthplace* U S
8. *Full Name of Father* Henry Mittendorf
9. *Father's Occupation* Machinist
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether ~~Male or~~ Female) 101
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Feb 17th
4. Place of Birth (Street and Number) 25 Somerset St
5. Full Name of Mother Susannah Baker
6. Mother's Maiden Name " " Riley
7. Mother's Birthplace Baltimore City
8. Full Name of Father Edward John Baker
9. Father's Occupation Gas Meter Maker
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. E Hall Rutledge

Address 151 Disquith

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 17 1879
4. *Place of Birth (Street and Number)* Baltmore Cafe street Powerfers
5. *Full Name of Mother* locust point May Brady
6. *Mother's Maiden Name* May Foy
7. *Mother's Birthplace* ireland
8. *Full Name of Father* Daniel Brady
9. *Father's Occupation* lafor
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29553

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 17. 1879
4. *Place of Birth (Street and Number)* No 322 Orlean St
5. *Full Name of Mother* Wilhelmine Foss
6. *Mother's Maiden Name* " Piper
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Dietrich Foss
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Gaetzhe

Address No 55. S. Bond St

Remarks

29554

HEALTH DEPARTMENT
MAR 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 7th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth February 17th 1879

4. Place of Birth (Street and Number) Washington Ct. Pl. 22

5. Full Name of Mother Mary Ann Wall

6. Mother's Maiden Name " " Malony

7. Mother's Birthplace Ireland

8. Full Name of Father Theodore Wall

9. Father's Occupation Cooper

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulley

Address 48 Holland St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29555

HEALTH DEPARTMENT
MAR 11 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White race N/A

3. Date of Birth Feb 17th 1879

4. Place of Birth (Street and Number) Gay St. " 439

5. Full Name of Mother Annie Georgia

6. Mother's Maiden Name " Smith

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm Fred Georgia

9. Father's Occupation Figure dealer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uellig

Address 18 Holland St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29556

HEALTH DEPARTMENT
MAR 3 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feberoy 17th 1879
4. Place of Birth (Street and Number) No 132 Vine St
5. Full Name of Mother Frances ~~[illegible]~~ Schnur
6. Mother's Maiden Name Frances Kroenberger
7. Mother's Birthplace Alsena Berbelen
8. Full Name of Father Edward Schnur
9. Father's Occupation Boote Shoes maker
10. Father's Birthplace Lendenfels Damsta

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice

Address No. 26. Fredrick St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 18th 1879
4. *Place of Birth (Street and Number)* 73 Warner St
5. *Full Name of Mother* Catharine Bower
6. *Mother's Maiden Name* Catharine Thomas
7. *Mother's Birthplace* Queens Anny Co Md
8. *Full Name of Father* Henry C Bower
9. *Father's Occupation* Boot & Shoe Dealer
10. *Father's Birthplace* Charles Co. Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29558

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 17 1879
4. *Place of Birth (Street and Number)* 35 Burgundy alley
5. *Full Name of Mother* Harriet Talbert
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Talbot County
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Maria Potter Midwife

Address residence 153 York st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25559

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 8th "

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* July 15th 1879.
4. *Place of Birth* (*Street and Number*) 975 Lexington St,
5. *Full Name of Mother* Carrie Adler,
6. *Mother's Maiden Name* Carrie Frank.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Charles Adler.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Hesse Cassel Germany

Name of Medical Attendant, or other Person who makes this Return. John. T. K. Frazier, M.D.

Address " " City.

Remarks

29360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 18th, 1879
4. Place of Birth (Street and Number) S. E. Cor. N. Broadway & Barnes St
5. Full Name of Mother Mrs. Catharine Donnell
6. Mother's Maiden Name Miss Catharine Wilcox
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. John E. Donnell
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Wm H Clendenin

Address No. 102 N. Broadway

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29561

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Collard
3. *Date of Birth*	February 18th 1879
4. *Place of Birth (Street and Number)*	Baltimore city Penn alley #2
5. *Full Name of Mother*	Allie Jane Caulk
6. *Mother's Maiden Name*	" " "
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Charles Wilton
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Fanny E Caulk
Address	~~11~~ 128 Lee St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 25 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 18th 1879
4. *Place of Birth (Street and Number)* 35 Duncan alley "
5. *Full Name of Mother* V. D. Brown
6. *Mother's Maiden Name* V. Davis
7. *Mother's Birthplace* Balto
8. *Full Name of Father* A. Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address # 171 Washington Place

Remarks F. P.

RETURN OF A BIRTH.

29563

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 15. 1879
4. *Place of Birth (Street and Number)* 19 Jefferson street
5. *Full Name of Mother* Hannah Rice
6. *Mother's Maiden Name* Hannah Rollans
7. *Mother's Birthplace*
8. *Full Name of Father* William Rice
9. *Father's Occupation* Porter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Heater Bordley Midwife

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29564

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
27
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 25th 1879
4. *Place of Birth (Street and Number)* No 373 Chase St
5. *Full Name of Mother* Louisa Singer
6. *Mother's Maiden Name* Louisa Metz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. Singer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Gillespie

Address No 182 E Monument St

Remarks

RETURN OF A BIRTH.

29565

HEALTH DEPT. FEB 27 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 18th 1879
4. *Place of Birth (Street and Number)*	No 382 Hanover St
5. *Full Name of Mother*	Mary Bass
6. *Mother's Maiden Name*	Mary Goldsburg
7. *Mother's Birthplace*	St Marys County
8. *Full Name of Father*	James. M. Bass
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Portsmouth
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horne
Address	No 106 West " St
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 Feb 1879
4. *Place of Birth (Street and Number)* 183 E. Lombert St.
5. *Full Name of Mother* Lizzie Ammer
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29567

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	February 18th
4. *Place of Birth (Street and Number)*	136 york St
5. *Full Name of Mother*	Francies Smith
6. *Mother's Maiden Name*	Francies gala way
7. *Mother's Birthplace*	virginnia
8. *Full Name of Father*	Charles Smith
9. *Father's Occupation*	labour
10. *Father's Birthplace*	virginnia
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 papts co avenue
	hel thy Child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29568

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	February the 18th 79
4. Place of Birth (Street and Number)	No. 23 German Str.
5. Full Name of Mother	Lina Bertholdt
6. Mother's Maiden Name	Lina Schneider
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Frederick Bertholdt
9. Father's Occupation	Jeweller
10. Father's Birthplace	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Barber Neiß Hebamme
Address	No 26. N Friedrichstr Baltimore Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

FEB 21 1879 BALTIMORE

29569

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ~~ters~~ Child

1. *Sex (state whether male ~~or female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 19. 1879.
4. *Place of Birth (Street and Number)* Dover St. Nº 16.
5. *Full Name of Mother* Maria Heinzelberger
6. *Mother's Maiden Name* Maria Oswald
7. *Mother's Birthplace* Laubach. Gr. Hessen. Germany
8. *Full Name of Father* Conrad Heinzelberger
9. *Father's Occupation* Baker
10. *Father's Birthplace* Ulpha, Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. Nº 96.

Remarks

RETURN OF A BIRTH.

29570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white ~~race~~)*
3. *Date of Birth* 2.19.79
4. *Place of Birth (Street and Number)* 19 Clinton Ave
5. *Full Name of Mother* Maria L. N. Patterson
6. *Mother's Maiden Name* Graham
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Geo. N. Patterson
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Lill Eastman

Address 349 Lorel

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

29571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* Feb the 19 18 79 ~~Feth~~
4. *Place of Birth (Street and Number)* 261 Mc Donogh St Baltimore md
5. *Full Name of Mother*
6. *Mother's Maiden Name* Augustus Wiggins
7. *Mother's Birthplace* Northumberland County Virginia
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Register St Baltimore md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. Feb 22nd 1879.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb 19th 1879.
4. *Place of Birth (Street and Number)* 157 Bond Street
5. *Full Name of Mother* Annie Schaffer.
6. *Mother's Maiden Name* Annie Snyder
7. *Mother's Birthplace* America.
8. *Full Name of Father* William Schaffer.
9. *Father's Occupation* Cooper. 1/
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold

Address 137 South Wolfe St.

Remarks

29573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* 12 February 1879
4. *Place of Birth (Street and Number)* 24 Albemarle St
5. *Full Name of Mother* Lizie Hasecker
6. *Mother's Maiden Name* Dickmann
7. *Mother's Birthplace* U S
8. *Full Name of Father* William Hasecker
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 February 1879
4. *Place of Birth (Street and Number)* 131 Dallas St
5. *Full Name of Mother* Ina Pilsner
6. *Mother's Maiden Name* Koch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Pilsner
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ina Pilsner

Address 52 E Lombard St

Remarks

29575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby. 19th 1879
4. *Place of Birth (Street and Number)* 144 S. Washington St
5. *Full Name of Mother* Charlotte A. Gilbert
6. *Mother's Maiden Name* Charlotte A. Flaherty
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Joseph J. Gilbert
9. *Father's Occupation* Cane Maker
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 77 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

29576

HEALTH DEPARTMENT
FEB
25
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 19th 1879
4. Place of Birth (Street and Number)	559 Franklin St.
5. Full Name of Mother	Mary E. Rhodes
6. Mother's Maiden Name	McElheney
7. Mother's Birthplace	Md
8. Full Name of Father	Chas W. Rhodes
9. Father's Occupation	Clerk
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
26
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 19th 1879
4. Place of Birth (Street and Number)	64 Columbia St
5. Full Name of Mother	Susanna E. Blake
6. Mother's Maiden Name	Howard
7. Mother's Birthplace	Va
8. Full Name of Father	Jno Hy. Blake
9. Father's Occupation	Clerk
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Bank Bldg
Remarks	

29578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 66

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Febr 19. 1879
4. Place of Birth (Street and Number) Bankstr No 34
5. Full Name of Mother Margaretha Friedel
6. Mother's Maiden Name Dann
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Friedel
9. Father's Occupation Kopper
10. Father's Birthplace Frommersbach Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Bacipach

Address S. Wolfstr 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

Balto Feb ~~19 1879~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) brown skin
3. Date of Birth Febary 19 1879
4. Place of Birth (Street and Number) welcome ally No 123
5. Full Name of Mother Maria carter
6. Mother's Maiden Name Maria hawkins
7. Mother's Birthplace Calbut County
8. Full Name of Father Harison Carter
9. Father's Occupation water
10. Father's Birthplace North hamington county va

Name of Medical Attendant, or other Person who makes this Return. Rosetter galway

Address Reeses Court No 1

Remarks

RETURN OF A BIRTH.

29580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	Feby 19th 1879.
4. *Place of Birth (Street and Number)*	No. 64 Penna. Avenue
5. *Full Name of Mother*	Kate Wilhelm
6. *Mother's Maiden Name*	Gross
7. *Mother's Birthplace*	Balto. City.
8. *Full Name of Father*	D. Frank Wilhelm.
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	Feb 19
4. *Place of Birth (Street and Number)*	142 N Bethel st Baltimore
5. *Full Name of Mother*	Lizzie ~~Brown~~ Wise
6. *Mother's Maiden Name*	Lizzie Brown
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Henry Wise
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Elizabeth Foot Midwife
Address	21 Youngs court
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29582

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 19th 1879
4. *Place of Birth (Street and Number)* 284 Canton Ave.
5. *Full Name of Mother* Mary Heiser
6. *Mother's Maiden Name* " Weikel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adolf. Heiser
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. U. Goetzke

Address 1055 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29583

HEALTH DEPARTMENT
MAR 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colr
3. *Date of Birth* 19 Feby 1879
4. *Place of Birth (Street and Number)* No 2 Bethell St
5. *Full Name of Mother* Susan Quinn
6. *Mother's Maiden Name* Susan Borns
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr John K Quinn
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Fremont Ave

Remarks Moth. and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

295811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	February. 19th 1879.
4. Place of Birth (Street and Number)	2 Battery Av. No 246.
5. Full Name of Mother	Teresa Stoll.
6. Mother's Maiden Name	Teresa. Shelberg.
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Jos. Stoll.
9. Father's Occupation	Baker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Theo Bruns
Address	No 114 Battery Av.
Remarks	

29555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
28
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* February 19th 1879 11 A.M.

4. *Place of Birth (Street and Number)* Crost Street.

5. *Full Name of Mother* Maggie Straub

6. *Mother's Maiden Name* Maggie Lumpmann

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* August Straub

9. *Father's Occupation* Laber

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Cynthia Bruns

Address No 114 Battery Av.

Remarks

29586

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	Febudry 19th
4. *Place of Birth (Street and Number)*	no 4 yorh
5. *Full Name of Mother*	sophia anderson
6. *Mother's Maiden Name*	sophia woods
7. *Mother's Birthplace*	colbert county
8. *Full Name of Father*	sohn anderson
9. *Father's Occupation*	labour
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 papts coavenue
	helthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29557

HEALTH DEPARTMENT
MAR 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 Feb. 1879
4. *Place of Birth (Street and Number)* 208 Henrietta St.
5. *Full Name of Mother* Elizabeth Miller
6. *Mother's Maiden Name* Zilick
7. *Mother's Birthplace* St. Louis
8. *Full Name of Father* John Miller
9. *Father's Occupation* Dray Driver
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return, Mary Koch

Address 328 South Eutaw St.

Remarks

29588

HEALTH DEPARTMENT
MAR 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Talm
3. *Date of Birth* 20 Jan 1879
4. *Place of Birth (Street and Number)* 33 Chestnut Street
5. *Full Name of Mother* Mandy Matilda Gray
6. *Mother's Maiden Name* Mundy Matilda Dolphin
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edmond Gray
9. *Father's Occupation* Tailor
10. *Father's Birthplace* West Indies

Name of Medical Attendant, or other Person who makes this Return. Russell

Address William No 70 Chestnut

Remarks [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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29589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 20th 1879
4. Place of Birth (Street and Number) No. 395 Orleans St.
5. Full Name of Mother Mrs. Margaret A. Granuth
6. Mother's Maiden Name Miss Margaret A. Hartlove
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Wm F. Granuth
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen

Address No. 102 N. Broadway

Remarks

RETURN OF A BIRTH.

29590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6a

1. *Sex* ~~(state whether~~ *Male or* ~~Female)~~
2. *Race or Color* ~~(if not of the~~ *white race)*
3. *Date of Birth* 2.20.79
4. *Place of Birth (Street and Number)* 479 Saratoga
5. *Full Name of Mother* Martha Hartley
6. *Mother's Maiden Name* Vineyard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Thos Hartley
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this return L M Vashman

Address 3 & 4 E

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

29591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth febray 20 18 79
4. Place of Birth (Street and Number) 105 york st been banner Charles
5. Full Name of Mother alice Nolons
6. Mother's Maiden Name
7. Mother's Birthplace Colbert County
8. Full Name of Father age 19
9. Father's Occupation the first one
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address arminta Wilson

Remarks residence No 10 richd court between Charles an Light

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29592

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Feb 22nd 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 20th 1879.
4. *Place of Birth (Street and Number)* 22 South Wolfe St.
5. *Full Name of Mother* Barbara Bott
6. *Mother's Maiden Name* Barbara Klotz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Jacob Bott
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amends

Address 132 South Wolfe St.

Remarks all

29593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ~~Mo~~ Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 Febuary
4. *Place of Birth (Street and Number)* 45 Exeter St
5. *Full Name of Mother* Ellen Gould
6. *Mother's Maiden Name* Ellen Kelly
7. *Mother's Birthplace* ~~Ireland~~ Baltimore Md
8. *Full Name of Father* James Gould
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Eliza Fleming

Address 95 Albemarle St

Remarks Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29594

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 20 1879
4. *Place of Birth (Street and Number)* 364 Hanover
5. *Full Name of Mother* Emma Woolf
6. *Mother's Maiden Name* " Floyd
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Isaac Woolf
9. *Father's Occupation* Can maker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Martin Koch

Address

Remarks

29595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	No February 20th
4. Place of Birth (Street and Number)	No 39 Hillman St
5. Full Name of Mother	Mary Parrish
6. Mother's Maiden Name	Mathews
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry C Parrish
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20 February 1879
4. *Place of Birth (Street and Number)* 235 Dallas St
5. *Full Name of Mother* Ana Penzel
6. *Mother's Maiden Name* Wiegent
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Philip Penzel
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 26 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (10th) Tenth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20th 1879
4. *Place of Birth (Street and Number)* No 4. Liberty Road
5. *Full Name of Mother* Mary Elizabeth Watson
6. *Mother's Maiden Name* Mary Elizabeth Houghton
7. *Mother's Birthplace* Massachusetts
8. *Full Name of Father* Alexander Watson
9. *Father's Occupation* Carriage builder
10. *Father's Birthplace* New Brunswick

Name of Medical Attendant, or other Person who makes this Return. C. C. Hammann

Address 189 Lanvale St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	8 t
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 20. 1879
4. Place of Birth (Street and Number)	S. Forrest str No 31
5. Full Name of Mother	Mary Braun
6. Mother's Maiden Name	Wentzes
7. Mother's Birthplace	Eisenach Sachsen Weimar
8. Full Name of Father	Magnus Braun
9. Father's Occupation	Lohner
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Mrs Joh. Baupach
Address	S. Wolfstr No 28
Remarks	Midwife

RETURN OF A BIRTH.

29599

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* feb 20/79
4. *Place of Birth (Street and Number)* no 1 stockton al.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Cole
7. *Mother's Birthplace* St. Mary Co.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Chollot proctor

Address No 10 barton st

Remarks

RETURN OF A BIRTH.

29600

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 Febry 20. 1879.
4. *Place of Birth (Street and Number)*	98 S. Exeter St.
5. *Full Name of Mother*	Mary M'Namara.
6. *Mother's Maiden Name*	Mary Heaphy.
7. *Mother's Birthplace*	Balte.
8. *Full Name of Father*	Michl. M'Namara.
9. *Father's Occupation*	Ice Man.
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Powell. M.D.
Address	227 Caroline Ave.
Remarks	Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Failure to Make Returns to the City of Baltimore.

29601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 20th 79
4. *Place of Birth (Street and Number)* No 6 Rike st
5. *Full Name of Mother* Henrettia Young
6. *Mother's Maiden Name* Henrettia Harden
7. *Mother's Birthplace* Baltimore M.D.
8. *Full Name of Father* Charles Young
9. *Father's Occupation* Minister
10. *Father's Birthplace* Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 258 West Raborg st

Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	20 Feb
4. *Place of Birth (Street and Number)*	19 Hillman St
5. *Full Name of Mother*	Mary E Nevin
6. *Mother's Maiden Name*	Farrel
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thomas E Nevin
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisner
Address	No 7 Fawcett Place
Remarks	

29603

HEALTH DEPARTMENT
FEB 25 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	20th Feb. 1879
4. Place of Birth (Street and Number)	Belair. Av.
5. Full Name of Mother	Lizzie Munich.
6. Mother's Maiden Name	Lizzie Tilger.
7. Mother's Birthplace	Germany.
8. Full Name of Father	T. Munich.
9. Father's Occupation	Brewer.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Walt
Address	125 N. Carolina
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

296014

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge of or who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d.
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	20th of February 1879
4. *Place of Birth (Street and Number)*	200 Forest Ste.
5. *Full Name of Mother*	Anna Katharina Usinger
6. *Mother's Maiden Name*	Schaeffer
7. *Mother's Birthplace*	Germania
8. *Full Name of Father*	John Casper Usinger
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germania
Name of Medical Attendant, or other Person who makes this Return.	Katharina Muench. Midwife
Address	98 Leaddenhall Ste.
Remarks	Died Feb. 24th 1879.

Undertaker Julius Koehler N. of B. Baltimore Cem

RETURN OF A BIRTH.

29605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 20. Febuarry

4. Place of Birth (Street and Number) colubia ave No 70.

5. Full Name of Mother Hett Meyer

6. Mother's Maiden Name Spriinden

7. Mother's Birthplace Ohio

8. Full Name of Father August Meyer

9. Father's Occupation workman

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberger

Address 14 Pen street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vol. Record of Vital Statistics in the City of Baltimore.

29606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Caucassian
3. *Date of Birth* Feb. 20' 1879
4. *Place of Birth (Street and Number)* Maternit Hospital
5. *Full Name of Mother* Annie Hopkins
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Strett. MD. House Phys.

Address Maternite Hospital

Remarks Both doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29607

HEALTH DEPT. FEB 26 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 20th 1879
4. *Place of Birth (Street and Number)* No 154 West st
5. *Full Name of Mother* Regina Gehrhardt
6. *Mother's Maiden Name* Gehrhardt
7. *Mother's Birthplace* Amaica
8. *Full Name of Father* George Gehrhardt
9. *Father's Occupation* Carr driver
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 330 Hanover st.

Remarks

29608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 28 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20th of February.
4. *Place of Birth (Street and Number)* 42 Morton Alley.
5. *Full Name of Mother* Della Reilly
6. *Mother's Maiden Name* Ortseiffer.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick Reilly.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

RETURN OF A BIRTH.

29609

FEB 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 20 Feber 1879
4. Place of Birth (Street and Number) No 376 Thamburg St
5. Full Name of Mother Rachel Jane Rexse
6. Mother's Maiden Name Rachel Jane Sheldan
7. Mother's Birthplace Baltimore
8. Full Name of Father John Henry Rexse
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russel St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29610

HEALTH DEPARTMENT
FEB 27 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Child
1. Sex (state whether Male or Female)	A Boy.
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th of February 1879
4. Place of Birth (Street and Number)	83 North Chappel st
5. Full Name of Mother	Kat Beker
6. Mother's Maiden Name	Kat Krebs
7. Mother's Birthplace	Germany.
8. Full Name of Father	Peter Krebs
9. Father's Occupation	Arober
10. Father's Birthplace	Germy.
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address 71 North Chappel st	83 John Kunkel
Remarks Healthy.	

29611

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	February 20th
4. *Place of Birth (Street and Number)*	36 peach alle
5. *Full Name of Mother*	emeline anderson
6. *Mother's Maiden Name*	emeline clash
7. *Mother's Birthplace*	anne randle conty
8. *Full Name of Father*	john clash
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Chambridg md
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 papts co avenue helthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

Name of child: Albert H. Llewellyn

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 21st 1879
4. Place of Birth (Street and Number) 57 Ridgely Street
5. Full Name of Mother Sarah E. Taylor
6. Mother's Maiden Name Sarah E. Lullen
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas W. Lullen
9. Father's Occupation Iron Moulder
10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley M.D.

Address Conr. Hanover & Lee Streets

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of Febury
4. *Place of Birth (Street and Number)* No 19 Glemmers Ally
5. *Full Name of Mother* Annie Waldon
6. *Mother's Maiden Name* Annie Durkin
7. *Mother's Birthplace* ~~Labor~~ America
8. *Full Name of Father* Robert Waldon
9. *Father's Occupation* Labor
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this return Eliza Fleming

Address No 95 Albmarle st

Remarks healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 February 1879
4. *Place of Birth (Street and Number)* 34 Harison St
5. *Full Name of Mother* Marie A. Heiman
6. *Mother's Maiden Name* Samuel
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Josef Heiman
9. *Father's Occupation* Pehue Store
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Allowed by Public Ordinance of the City of Baltimore.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	7te
1. Sex (state whether ~~Male~~ or Female)	"
2. Race or Color (if not of the white race)	"
3. Date of Birth	Febr. 21. 1879
4. Place of Birth (Street and Number)	Jeffersonstr No 231
5. Full Name of Mother	Mary Beck
6. Mother's Maiden Name	Walz
7. Mother's Birthplace	Freedorf Hessen Darmstadt
8. Full Name of Father	Anton Beck
9. Father's Occupation	Lebner
10. Father's Birthplace	Rothenburg Wittenberg
Name of Medical Attendant, or other Person who makes this Return.	Wm Fdk. Baumgarth
Address	S. Wolfstr No 28
Remarks	Midwife

RETURN OF A BIRTH.

29616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* F

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 21st 1879

4. *Place of Birth (Street and Number)* 48 & 50 W Balto St

5. *Full Name of Mother* Grace Bishop

6. *Mother's Maiden Name* Grace Bishop Allworth

7. *Mother's Birthplace* England

8. *Full Name of Father* John Allworth

9. *Father's Occupation* Book agent

10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Charles Nesbit MD

Address No 67 W Balto St

Remarks 2nd Position

Nat Labor

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29617

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex (state whether Male or Female)*	
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 21st 1879
4. *Place of Birth (Street and Number)*	35 S. Poppleton St
5. *Full Name of Mother*	Sarah M. Brotherton
6. *Mother's Maiden Name*	" " Mattingly
7. *Mother's Birthplace*	Charles Co Md
8. *Full Name of Father*	Morris C. Brotherton
9. *Father's Occupation*	Brakesman B & O R.R
10. *Father's Birthplace*	Balto City "
Name of Medical Attendant, or other Person who makes this Return.	A. L. Spicer M.D
Address	399 W. Lombard St
Remarks	

29618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 21st 1879
4. Place of Birth (Street and Number) 734 W. Lombard St.
5. Full Name of Mother Mrs. Louisa Frances Sinclair
6. Mother's Maiden Name Horr
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph C. Sinclair
9. Father's Occupation Painter
10. Father's Birthplace Balto. city

Name of Medical Attendant, or other Person who makes this Return. Wm. W. Murray M.D.

Address

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 20 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 21st 1879
4. Place of Birth (Street and Number) No 361 N. Charles St
5. Full Name of Mother Hannah A. T. Lee
6. Mother's Maiden Name Hannah A. T. Tyson
7. Mother's Birthplace Baltimore
8. Full Name of Father Columbus O'Donnell Lee
9. Father's Occupation Merchant
10. Father's Birthplace Frederick County Md

Name of Medical Attendant, or other Person who makes this Return. H. Chatard M.D.

Address

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29620

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth " 1
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White "
3. Date of Birth	Febry 21. 1879 "
4. Place of Birth (Street and Number)	207 Washington Str "
5. Full Name of Mother	B. R. Jones.
6. Mother's Maiden Name	B. Robb.
7. Mother's Birthplace	America.
8. Full Name of Father	Saml Jones
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	171 Washington Str
Remarks	F D

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Allowed by Vital Statistics to the City of Baltimore.

29621

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	February 21st 1879
4. Place of Birth (Street and Number)	Orleans St n 78
5. Full Name of Mother	Mary Fields
6. Mother's Maiden Name	" Abels
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Jacob Fields
9. Father's Occupation	Dry goods
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St.
Remarks	

RETURN OF A BIRTH.

29622

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 21st 1879
4. *Place of Birth (Street and Number)* No 60 King St.
5. *Full Name of Mother* Elizabeth Nagle
6. *Mother's Maiden Name* Elizabeth Garsting
7. *Mother's Birthplace* Lancaster Pa.
8. *Full Name of Father* George Nagle
9. *Father's Occupation* Basket Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Fifty Dollars for the City of Baltimore.

29623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 28 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st February
4. *Place of Birth (Street and Number)* No 118 Hollins St
5. *Full Name of Mother* Dorthea Doenges
6. *Mother's Maiden Name* Dorthea Schott
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Doenges
9. *Father's Occupation* Processer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mr Anna Dumler 60 Schroter

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise ...t the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days ...hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. FEB 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 22 of Feber 1879
4. Place of Birth (Street and Number) No 228 Centrem
5. Full Name of Mother Anna Lauer
6. Mother's Maiden Name Anna Drost
7. Mother's Birthplace Germany
8. Full Name of Father Robert Drochet
9. Father's Occupation Potegraph
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks (73 Harfer cren

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 27 1879 BALTIMORE

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Feby 21st 1879

4. Place of Birth (Street and Number) 684 W. Fayette St.

5. Full Name of Mother Cecilia E. Kenly.

6. Mother's Maiden Name Cecilia E. Amos.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Douglass C. Kenly.

9. Father's Occupation Clerk.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozer, M.D.

Address " " " City.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29626

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 21 st 1879
4. *Place of Birth (Street and Number)* No 120 Fort st
5. *Full Name of Mother* Kate Jems
6. *Mother's Maiden Name* Kate Which
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Jems
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 106 West st

Remarks

29627

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 21 - 1879
4. Place of Birth (Street and Number) No 2 Miller Street
5. Full Name of Mother Isabel Keagel
6. Mother's Maiden Name Isabel Hanson
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry J. Keagel
9. Father's Occupation Oyster Packer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 986 Mt Pinogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

#29628

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HEALTH DEPARTMENT
MAR 3 1879
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth February 21 1879

4. Place of Birth (Street and Number) No 324 Orleans St

5. Full Name of Mother Sarah F. Fogle

6. Mother's Maiden Name Sarah F. Boram.

7. Mother's Birthplace Baltimore

8. Full Name of Father John H. Fogle.

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 Mt Donogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 21st 1879
4. *Place of Birth (Street and Number)* N. Ann near Monument St (No No)
5. *Full Name of Mother* Elizabeth Hill
6. *Mother's Maiden Name* Elizabeth Pruitz
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Jas A. Hill
9. *Father's Occupation* Clerk
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Chas. Woolit M D

Address 62 E Baltd St

Remarks Natural Labor 2nd Position

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	8 to
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 22. 1879
4. Place of Birth (Street and Number)	6 Lombard str No 411.
5. Full Name of Mother	Henriette Wenks
6. Mother's Maiden Name	Sonnenburg
7. Mother's Birthplace	Wachtowne Posen
8. Full Name of Father	Heinrich Wenks
9. Father's Occupation	Seeman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Joh. Baupach
Address	S. Wolf str No 28
Remarks	Undertaker

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	22 Feb
4. Place of Birth (Street and Number)	8 Hagers Court
5. Full Name of Mother	Louisa Boyd
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm E Boyd
9. Father's Occupation	Laborer
10. Father's Birthplace	Frederick City
Name of Medical Attendant, or other Person who makes this Return.	Ursula A Whitmore
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29633

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 22nd 1879
4. Place of Birth (Street and Number)	107 Parkin St
5. Full Name of Mother	Emma J Henrickle
6. Mother's Maiden Name	Emma J Coleman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Clement Henrickle
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sheridine Cooke M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT
FEB 25 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 Feb. 1879
4. *Place of Birth (Street and Number)* 378 Hisquith St.
5. *Full Name of Mother* Catherine Buchner
6. *Mother's Maiden Name* Catherine Bruan
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Buchner
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Walter

Address 223 N. Carolina

Remarks Dr. Walter

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ✓

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colord
3. Date of Birth 22nd February
4. Place of Birth (Street and Number) Cider Alley 136
5. Full Name of Mother Mary E. Grandison
6. Mother's Maiden Name Mary Ellen Carter
7. Mother's Birthplace Shade Philadelphia Pa
8. Full Name of Father Charles Henry Grandison
9. Father's Occupation Dray man
10. Father's Birthplace Baltimore B

Name of Medical Attendant, or other Person who makes this Return. A Sudenberger

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colline
3. *Date of Birth* 22 June 1879
4. *Place of Birth (Street and Number)* No 11 Bretton Gr
5. *Full Name of Mother* Mary Brundan
6. *Mother's Maiden Name* Mary Harris
7. *Mother's Birthplace* West Moden Virginia
8. *Full Name of Father* Harry Brundan
9. *Father's Occupation* Labor
10. *Father's Birthplace* West Moden Virginia

Name of Medical Attendant, or other Person who makes this Return. Boretta Walter

Address No 70 Chestnut Ilm

Remarks Mother found Child Mayfield

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 28 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* White Female 20 d
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 22 Schaapper Alley
5. *Full Name of Mother* Mene Jonston
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Germeney
8. *Full Name of Father* Peter Johnston
9. *Father's Occupation* Ruper
10. *Father's Birthplace* Sweden

Name of Medical Attendant, or other Person who makes this return — Johanna Schultz

Address 312 Sloce anna Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 22nd 1879
4. *Place of Birth (Street and Number)* No 355 Central Ave
5. *Full Name of Mother* Kate Bormuth
6. *Mother's Maiden Name* Kate Grassman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Bormuth
9. *Father's Occupation* Hair spiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hilley ist

Address No 182 E Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 22. 1879
4. *Place of Birth (Street and Number)* N. Bond St. No. 272
5. *Full Name of Mother* Anna S. Walther
6. *Mother's Maiden Name* Anna S. Wagner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Wagner
9. *Father's Occupation* Baker
10. *Father's Birthplace* Haingrund. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29640

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 22nd 1879
4. Place of Birth (Street and Number)	Frederick Avenue & Mount st
5. Full Name of Mother	Louisa A. Jones
6. Mother's Maiden Name	Louisa A. Eibert (Eibert)
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	C. Jacob Jones
9. Father's Occupation	Paper Box manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29614-1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 February 1879
4. *Place of Birth (Street and Number)* Canal St
5. *Full Name of Mother* Bridget Hale
6. *Mother's Maiden Name* Bolan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Hale
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29642

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 February 1879
4. *Place of Birth (Street and Number)* 78 Fayette St
5. *Full Name of Mother* Marselina Rosenstein
6. *Mother's Maiden Name* Biben
7. *Mother's Birthplace* U S
8. *Full Name of Father* Laimon Rosenstein
9. *Father's Occupation* Pedler
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara [illegible]

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 23rd 1879
4. *Place of Birth (Street and Number)* Baltimore Guess St nor
5. *Full Name of Mother* Katie Goss
6. *Mother's Maiden Name* Katie Hyde
7. *Mother's Birthplace* Baltimore MD
8. *Full Name of Father* John William Goss
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Winchester Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2964.11

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23rd
4. Place of Birth (Street and Number)	No 63 Mc Henry St
5. Full Name of Mother	Caroline Bannan
6. Mother's Maiden Name	" " Cragg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Bannan
9. Father's Occupation	Wagon Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Seabach
Address	
Remarks	No 489 West Batt street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 23 Feb
4. *Place of Birth (Street and Number)* No 41 Eden hill st
5. *Full Name of Mother* Annie Gunby
6. *Mother's Maiden Name* Annie Johnson
7. *Mother's Birthplace* Summerset Co. Md
8. *Full Name of Father* Alfred Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Annie Gunby

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 23. 1879
4. *Place of Birth (Street and Number)* S. Little Monument Street
5. *Full Name of Mother* Mary E. Johnson
6. *Mother's Maiden Name* Mary E. Parker
7. *Mother's Birthplace* Harford County Md. D.
8. *Full Name of Father* William Johnson
9. *Father's Occupation* Porter
10. *Father's Birthplace* Calvert County Md. D.

Name of Medical Attendant, or other Person who makes this return Hester Bordley Midwife

Address 185 Orchard Street

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29647

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3?
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feby 23
4. *Place of Birth (Street and Number)*	Myrtle Ave
5. *Full Name of Mother*	Cornelia Medairy Walter
6. *Mother's Maiden Name*	—
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Jno M Medairy
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	A M Whitson
Address	257 Mad Ave
Remarks	Instrumental assistance

rect Record of Vital Statistics in the City of Baltimore.

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29648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1898 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* ~~Maternity Hospital~~ Feb 23 '98
4. *Place of Birth (Street and Number)* Maternity Hospital
5. *Full Name of Mother* Keate Hissen
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balti.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streets MD House Physician

Address Maternity Hospital

Remarks. Position R.O.I.P. Labor tedious but natural child large - both, doing well

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

Name of Child: James Fahey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 23rd 1879
4. *Place of Birth (Street and Number)* 21 Stockton St
5. *Full Name of Mother* Margarette Fahey
6. *Mother's Maiden Name* " Baldwin
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Fahey ~~Richard~~
9. *Father's Occupation* Coach Smith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Mescuzche (Mrs)

Address 220 Preston St

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29650

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23rd 1879
4. Place of Birth (Street and Number)	Washington St. 20
5. Full Name of Mother	Elizabeth Frank
6. Mother's Maiden Name	" Hoan
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Bartholomew Frank
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Alley
Address	48 Holland St.
Remarks	

29651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 27
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 23rd 1879
4. *Place of Birth (Street and Number)* No 24 N. Liberty St
5. *Full Name of Mother* Catherine Lizzie Steinbach
6. *Mother's Maiden Name* Catherine Lizzie Neugenbauer.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Peter Steinbach
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jul 23d 1879
4. *Place of Birth (Street and Number)* No 43 Lawrence St
5. *Full Name of Mother* Bill Bolgines
6. *Mother's Maiden Name* Bill Stange
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gilbert Bolgine
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return No 476 P A E. Schmit

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29653

HEALTH DEPARTMENT
FEB 27 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Children

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23rd of February 1878
4. *Place of Birth (Street and Number)* 37 North Durham st
5. *Full Name of Mother* Susan Wolman
6. *Mother's Maiden Name* Susan Hock
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Baldazar Hock
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel st p John Kunkel

Remarks 71 North Chappel st Healthy

rect Record of Vital Statistics in the City of Baltimore.

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29654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Born February 23th
4. Place of Birth (Street and Number) Baltimore No 390 Cross st
5. Full Name of Mother George Smith
6. Mother's Maiden Name " See
7. Mother's Birthplace Saint Marry County
8. Full Name of Father Ben Smith
9. Father's Occupation Oyster Shuber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Aniline Wilson

Address 388 Cross st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29655

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* February 23 d
4. *Place of Birth (Street and Number)* 101 hill St
5. *Full Name of Mother* agnas adams
6. *Mother's Maiden Name* agnas jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* malchiadams
9. *Father's Occupation* chool techer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return mrs Lydia Porter

Address

Remarks no 4 papts co avenue helthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29656

HEALTH DEPARTMENT
MAR 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 February
4. *Place of Birth (Street and Number)* No 190 Monument St
5. *Full Name of Mother* Jennie Parkhurst
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Purdon Parkhurst
9. *Father's Occupation* Baker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29657

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 23rd
4. *Place of Birth* (Street and Number) 199 Park Avenue
5. *Full Name of Mother* Mary Howard Murdock
6. *Mother's Maiden Name* Mary Howard Law
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* John Murdock
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. D. Murdock M.D.

Address 88 Read St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29658

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 26 1879

Feb 25

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th M.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb 23d 1879.
4. *Place of Birth (Street and Number)* 61 Chapple St.
5. *Full Name of Mother* Mary Herr.
6. *Mother's Maiden Name* Mary Shipke.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Anton Herr.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks [illegible]

29659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 Price Place
4. *Place of Birth (Street and Number)* 24 Feb
5. *Full Name of Mother* Rose Conway
6. *Mother's Maiden Name* Daygon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Owen Conway
9. *Father's Occupation* watch man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrysmer

Address No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 24 Wayne Street Baltimore Md
5. *Full Name of Mother* Virginia Wilson
6. *Mother's Maiden Name* Virginia Brown
7. *Mother's Birthplace* Frederick City
8. *Full Name of Father* David Wilson
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Lucy Upsher

Address 150 S. W Eutaw Street Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 6
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ter Child

1. *Sex (state whether ~~male or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 2d. 1879.
4. *Place of Birth (Street and Number)* N. Bethel St. No. 112
5. *Full Name of Mother* Auguste Jung
6. *Mother's Maiden Name* Auguste Schäfer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Jung
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Marburg K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29662

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th of Oct 1879
4. *Place of Birth (Street and Number)* 580 Aisquith St
5. *Full Name of Mother* C. Heinz
6. *Mother's Maiden Name* C. Harman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* J. D. Heinz
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address B. & W. Cowlen

Remarks City

29663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24th of February.
4. *Place of Birth (Street and Number)* 14 Hudson Alley.
5. *Full Name of Mother* Ann Mc. Elaney
6. *Mother's Maiden Name* Lynch.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Mc. Elaney.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Frosty.

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29664

HEALTH DEPARTMENT
MAR 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 February
4. *Place of Birth (Street and Number)* 298 Central Ave
5. *Full Name of Mother* Mary Hill
6. *Mother's Maiden Name* Schröder
7. *Mother's Birthplace* Garmin
8. *Full Name of Father* Charley Hill
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Garmin

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29665

HEALTH DEPARTMENT
MAR 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 of February 1879
4. Place of Birth (Street and Number) 27 Ensor Str
5. Full Name of Mother Catharina Kunze
6. Mother's Maiden Name " " Baas Blan
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich A. Kunze
9. Father's Occupation Cigars manufacturer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Arousohn

Address 254 N Caroline Str

Remarks child well developed and healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29166

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 24. 1879
4. Place of Birth (Street and Number)	Fayette str 4 339
5. Full Name of Mother	Walburga Dettenhalter
6. Mother's Maiden Name	Pukel
7. Mother's Birthplace	Kemmathen Bayern
8. Full Name of Father	Heinrich Dettenhalter
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Joh. Baumgarth
Address	S. Wolf str 4. 28
Remarks	Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2966

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* Feb 24th
4. *Place of Birth (Street and Number)* South short near 24
5. *Full Name of Mother* Rebecca Wiesner
6. *Mother's Maiden Name* R Lesser
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Eberhard Wiesner
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Katharine Wing

Address 93 Lombard Street

Remarks

29668

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 24 - 1879
4. Place of Birth (Street and Number) No 249 N Dulla St
5. Full Name of Mother Mary K Peregoy
6. Mother's Maiden Name Mary K. Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father George W Peregoy
9. Father's Occupation Brass Finisher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 Mc Donogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29669

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~No 81 Parkin St~~ Feby 20th 1879
4. *Place of Birth (Street and Number)* No 81 Parkin St
5. *Full Name of Mother* Mary C. Deer
6. *Mother's Maiden Name* " " Miller
7. *Mother's Birthplace* Pa
8. *Full Name of Father* W. C. Deer (Now Deceased)
9. *Father's Occupation* ——
10. *Father's Birthplace* City of Balt

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

re[illegible] Vital Statistics in the City of Baltimore.

That any p[illegible] accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 25. 1879
4. *Place of Birth (Street and Number)* 14 Gilbert Street
5. *Full Name of Mother* Annie Watkins
6. *Mother's Maiden Name* Annie Brown
7. *Mother's Birthplace* Queen Annes County Md.
8. *Full Name of Father* Alexandra Watkins
9. *Father's Occupation* Labor
10. *Father's Birthplace* Queen Annes County Md.

Name of Medical Attendant, or other Person who makes this return Hester Bordley Midwife

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29671

HEALTH MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26th/79
4. *Place of Birth (Street and Number)* 348 Carlton Ave
5. *Full Name of Mother* Augusta S. Schneider
6. *Mother's Maiden Name* Augusta Knapel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm F. Schneider
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address No 17 S. Washington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29672

HEALTH DEPT. FEB 26 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 25 th 1879
4. *Place of Birth (Street and Number)* No 153 Hamburg st
5. *Full Name of Mother* Margareth Schmidt
6. *Mother's Maiden Name* Becker
7. *Mother's Birthplace* America
8. *Full Name of Father* Eckhardt Schmidt
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germaney

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 Febaury
4. Place of Birth (Street and Number)	209 Exter st
5. Full Name of Mother	Elesebeth Fisher
6. Mother's Maiden Name	E Cain
7. Mother's Birthplace	America
8. Full Name of Father	Charles Fisher
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	95 Albemale st
Remarks	healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29671

HEALTH DEPARTMENT MAR 4 1879 TIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 25 th 1879
4. *Place of Birth (Street and Number)*	№ 78 Fort av.
5. *Full Name of Mother*	Emma Menkmeyer
6. *Mother's Maiden Name*	Lemert
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Henry Menkmeyer
9. *Father's Occupation*	Barber.
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaab midwife
Address	330 Hanover st.
Remarks	

29675

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 25

4. Place of Birth (Street and Number) No 85 North High St

5. Full Name of Mother Mina Simson

6. Mother's Maiden Name Mina Moses

7. Mother's Birthplace Beerfelden Grand Duchi of Hesse Darmstadt

8. Full Name of Father Jacob Simson

9. Father's Occupation Clothing Cutter

10. Father's Birthplace Kirchbrombach Grand Duchy Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Babeta Reis Gobrecht

Address No 26 N Sarikuhit

Remarks E. M.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29676

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* feb 25. 1879
4. *Place of Birth (Street and Number)* 317 alisann st
5. *Full Name of Mother* mary a gill
6. *Mother's Maiden Name* mary a Disney
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* George w gill
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth Sunday Feb 16th 1879

4. Place of Birth (Street and Number) 446 E. Chase St.

5. Full Name of Mother Sarah Monosmith.

6. Mother's Maiden Name Sarah Oyler.

7. Mother's Birthplace Chambersburg, Pa.

8. Full Name of Father John W. Monosmith

9. Father's Occupation Rail Road Employee

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton Mt.

Address 25 1/2 Greenmount Ave

Remarks "Vertex Presentation"

rect Record of Vital Statistics in the City of Baltimore.

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29678

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth February 26 1879
4. Place of Birth (Street and Number) May St. N 32
5. Full Name of Mother Ida Frederick
6. Mother's Maiden Name " Bossell
7. Mother's Birthplace Balto Md
8. Full Name of Father John Frederick
9. Father's Occupation Baker
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nelly

Address 48 Holland St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

29679
29680

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Twins male & female

2. Race or Color (if not of the white race) Jewish race

3. Date of Birth February 26th 1879

4. Place of Birth (Street and Number) Central avenue " 39

5. Full Name of Mother Caroline Meyer

6. Mother's Maiden Name " Strauss

7. Mother's Birthplace Balto Md

8. Full Name of Father Meyer Meyer

9. Father's Occupation Peddler

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Wolly

Address 48 Holland St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2 th.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 26th Feb.
4. *Place of Birth (Street and Number)* Lexington St. 502.
5. *Full Name of Mother* anna Huebner.
6. *Mother's Maiden Name* anna Henry.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Georg Phillips Huebner.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Miss Dumler.

Address N. Shroeder St. 60.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored race
3. Date of Birth	february 26
4. Place of Birth (Street and Number)	South street number thirty
5. Full Name of Mother	catherine dixon
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	thomas Handy
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	218 dover Mary jane Richardson st
Address	
Remarks	it a fine well child its doing well and please to excuse me for not sending it mother in before. two

Extract Regulations of the Board of Health to Secure Fyrs and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 26th 1879

4. Place of Birth (Street and Number) Baltimore 252 N. Ann St.

5. Full Name of Mother Emma Virginia Grahm

6. Mother's Maiden Name Emma Virginia Floyd.

7. Mother's Birthplace Baltimore

8. Full Name of Father John Vincent Grahm

9. Father's Occupation Carpenter

10. Father's Birthplace London County Virginia

Name of Medical Attendant, or other Person who makes this Return. Catharine Mrs Bedford

Address 141 Orleans Street.

Remarks

29684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 26th 1879
4. Place of Birth (Street and Number) No 148 Wolf st
5. Full Name of Mother Wilhelmina Olivier
6. Mother's Maiden Name Wilhelmina Josenhanz
7. Mother's Birthplace Baltimore City
8. Full Name of Father Christopher Columbus Olivier
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thomas J. Evans M.D.

Address No 22 Jackson Place

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 8 1879
BALTIMORE

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth July 26th 1879

4. Place of Birth (Street and Number) 741 W. Baltimore St.

5. Full Name of Mother Maggie A. Garrett

6. Mother's Maiden Name Maggie A. Thoxcomb

7. Mother's Birthplace Elk Ridge, Howard Co, Md

8. Full Name of Father William T. Garrett

9. Father's Occupation Restaurant Keeper

10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. John T. R. Kroger, Ted

Address " City "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29686

HEALTH DEPARTMENT
MAR
4
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febrr 26 1879
4. *Place of Birth (Street and Number)* 356 W. Lanvchstr.
5. *Full Name of Mother* Kathrine Grau
6. *Mother's Maiden Name* Kathr. Vibrecht
7. *Mother's Birthplace* Baltimer
8. *Full Name of Father* Johan Grau
9. *Father's Occupation* Boltzner
10. *Father's Birthplace* Baltimer

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 E. Bondstr.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 26 th 1879
4. *Place of Birth (Street and Number)* No 6 Henry st
5. *Full Name of Mother* Franciska Bloom
6. *Mother's Maiden Name* Sander
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Cristian Bloom
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 330 Hanover st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 Feb 1879
4. *Place of Birth (Street and Number)* 249 E. Pratt St.
5. *Full Name of Mother* Martha Ackermann
6. *Mother's Maiden Name* Winter
7. *Mother's Birthplace* ~~John Ackerma~~ Baltimore
8. *Full Name of Father* John Ackermann
9. *Father's Occupation* Can Macker
10. *Father's Birthplace* Baltimore M.d.

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E. Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29659

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 February 1879
4. *Place of Birth (Street and Number)* 8 Eastern Ave
5. *Full Name of Mother* Lizzie Kemp
6. *Mother's Maiden Name* Print
7. *Mother's Birthplace* M D
8. *Full Name of Father* John Kemp
9. *Father's Occupation* Grocer
10. *Father's Birthplace* M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

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29690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 Februar 1879
4. *Place of Birth (Street and Number)* 177 Lombard St
5. *Full Name of Mother* Sofie Brand
6. *Mother's Maiden Name* Theuveier
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Brand
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 82 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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29691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 3 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 26th 79
4. *Place of Birth (Street and Number)* 21. Etaw St.
5. *Full Name of Mother* Catharina Grau
6. *Mother's Maiden Name* Krauss
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Grau
9. *Father's Occupation* Wagon maker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 S. Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 27th 1879
4. *Place of Birth (Street and Number)* 32 S. Broadway
5. *Full Name of Mother* Margaret Josephine Wolff
6. *Mother's Maiden Name* Margaret J. Dugan
7. *Mother's Birthplace* Portsmouth Virginia
8. *Full Name of Father* Charles R. E. Wolff
9. *Father's Occupation* Ship Broker
10. *Father's Birthplace* Stettin Germany

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dathiell

Address 207 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth Feburwarry 27th
4. Place of Birth (Street and Number) Baltimore, 368 Cross st
5. Full Name of Mother Julie Jonson
6. Mother's Maiden Name " Tomas
7. Mother's Birthplace Harford County
8. Full Name of Father Edward Jonson
9. Father's Occupation Stuard
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address 388 Cross st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29694

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby. 27th 1879
4. *Place of Birth (Street and Number)* 150 S. Choptank
5. *Full Name of Mother* Barbara C. Hartley
6. *Mother's Maiden Name* Barbara C. Flaherty
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Charles Hartley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29695

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 27th 1879
4. Place of Birth (Street and Number)	# 92 Harford Ave.
5. Full Name of Mother	Kate Frazer
6. Mother's Maiden Name	Kate McAlister
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Robert Frazer
9. Father's Occupation	Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	269 N. Carlin St
Remarks	"Vertex Presentation"

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29696

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Feb 27th
4. Place of Birth (Street and Number)	No 32 Neighbor St
5. Full Name of Mother	Mary ~~O'Hallen~~ Snyder
6. Mother's Maiden Name	Mary O'Hallen
7. Mother's Birthplace	Ireland
8. Full Name of Father	Benjamin Snyder
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feby 27th 1879
4. Place of Birth (Street and Number) 333 E. Balto. St.
5. Full Name of Mother Mary Mitchell Mom Dorsey
6. Mother's Maiden Name Mary M. M. McFee
7. Mother's Birthplace Md.
8. Full Name of Father Ezekiel Salisbury Dorsey
9. Father's Occupation Clerk
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.

Address Dr. Benzinger & Britton Broadway & Pratt Sts.

Remarks Mother & Child in excellent health

Mar. 1st. 79

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29698

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st in Baltimore born on

1. *Sex (state whether Male or Female)* Female / February 27 1874
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 314 Montgomery st
5. *Full Name of Mother* Rachel Frances Morsell
6. *Mother's Maiden Name* Rachel Frances Mc gille
7. *Mother's Birthplace*
8. *Full Name of Father* Richard Morsell making
9. *Father's Occupation* Oyster shocking and brick -
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Piney Ewell

Address 209 Howard st

Remarks very well please with indeed

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29699

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
5
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	27th of February 1879
4. *Place of Birth (Street and Number)*	1410 Atlas st Baltimore
5. *Full Name of Mother*	Ida Stewart
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Stewart
9. *Father's Occupation*	Hod carrier
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Elizabeth Foot young Coard
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29700

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (*state whether* ~~male or~~ *female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* February the 26, 1879.
4. *Place of Birth* (*Street and Number*) N. Wolfe St. No. 224.
5. *Full Name of Mother* Amalia Lerch
6. *Mother's Maiden Name* Amalia Hahn
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alexander Lerch
9. *Father's Occupation* ~~Baker~~ Cigarren Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29701

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Febr 24. 1879

4. Place of Birth (Street and Number) S. Schappel 64.

5. Full Name of Mother Mary Breun

6. Mother's Maiden Name Dannemann

7. Mother's Birthplace Ebersbach, Wittenberg

8. Full Name of Father Peter Breun

9. Father's Occupation Lebner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Baumgarth

Address S. Wolf st 4 28

Remarks Midwife

RETURN OF A BIRTH.

29702

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	27 Feb 1879
4. Place of Birth (Street and Number)	170 South St.
5. Full Name of Mother	Elisabeth McLean
6. Mother's Maiden Name	Grab
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	John McLean
9. Father's Occupation	Cean Master
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrand Miller
Address	151 E. Pratt St.
Remarks	

29703

HEALTH DEPARTMENT MAR 3 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* February 27th
4. *Place of Birth (Street and Number)* 411 S Sharp
5. *Full Name of Mother* Annie M. Marshall
6. *Mother's Maiden Name* Annie Mary Lieder
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* John A. Marshall
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29704

HEALTH DEPARTMENT
MAR 3 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 27 1879
4. *Place of Birth (Street and Number)* No 215 Chew Street
5. *Full Name of Mother* Ella M Stork
6. *Mother's Maiden Name* Ella M. Gibson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H Stork
9. *Father's Occupation* Can maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 286 Mt Donogh st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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129705

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* ~~March~~ Feb 28th 79
4. *Place of Birth (Street and Number)* 130 Saratoga St
5. *Full Name of Mother* ~~Rosabelle~~ Rose. B. Wendel
6. *Mother's Maiden Name* Rose B. Dycke
7. *Mother's Birthplace* Essex Co Va
8. *Full Name of Father* Henry L. Wendel
9. *Father's Occupation* Show Case Mnfg
10. *Father's Birthplace* Malzfeldt. Greismetzungen Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumlu 60 Schroter

Remarks The Child is in good Physical condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29706

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 22nd 1879.
4. *Place of Birth (Street and Number)* 276 Ramsay St
5. *Full Name of Mother* Ella Eschbergen
6. *Mother's Maiden Name* Cathers.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Eschbergen.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ellicott City.

Name of Medical Attendant, or other Person who makes this Return. J. Walton Elder, M.D.

Address 30 N. Gilmor St

Remarks

RETURN OF A BIRTH.

29707

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	White Child
3. Date of Birth	Born Feb. 28. 1879
4. Place of Birth (Street and Number)	Frederick Av. No. 111 West Small St.
5. Full Name of Mother	Miss Anna Fuller
6. Mother's Maiden Name	Miss Anna Holzenbach
7. Mother's Birthplace	Annapolis Annapolis Md.
8. Full Name of Father	Mr. Joseph Fuller
9. Father's Occupation	Cooper
10. Father's Birthplace	Falls Board. Md.
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindau.
Address	No. 15 Monroe St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) W
3. Date of Birth Feby 28 1879
4. Place of Birth (Street and Number) 130 N Calvert st
5. Full Name of Mother Mary Gavey
6. Mother's Maiden Name Mary Hogan
7. Mother's Birthplace Ireland
8. Full Name of Father Peter Gavey
9. Father's Occupation Undertaker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 28, 1879
4. *Place of Birth (Street and Number)* 211 Preston Street
5. *Full Name of Mother* Mallie Hazelton
6. *Mother's Maiden Name* Mallie Webb
7. *Mother's Birthplace* Essex County Virginia
8. *Full Name of Father* Alexandria ~~Va.~~ Hazelton
9. *Father's Occupation* Makes ~~Iron~~ Furniture
10. *Father's Birthplace* Kent Ireland

Name of Medical Attendant, or other Person who makes this return Hepter Bordley Midwife

Address 55 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Eleventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 28th 1879
4. Place of Birth (Street and Number)	Druid Hill Ave. Cor. Union St
5. Full Name of Mother	Hannah Day Worley
6. Mother's Maiden Name	Day
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Wm H. Worley
9. Father's Occupation	Grocer & Provision Merchant
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M. D.
Address	731 Penna. Ave.
Remarks	

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26. 1879
4. *Place of Birth (Street and Number)* 162 Druid Hill Avenue
5. *Full Name of Mother* Hannah Woerle
6. *Mother's Maiden Name* " Dezin
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* William Woerle
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 28-1879
4. Place of Birth (Street and Number) No 418 E. Madison St
5. Full Name of Mother Josephine Reed
6. Mother's Maiden Name Josephine Upton
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Reed
9. Father's Occupation Root Fitter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Ellwell

Address 286 McDonogh st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 28th 1879
4. Place of Birth (Street and Number)	No 129 S. Broadway
5. Full Name of Mother	Bertha Strecker
6. Mother's Maiden Name	Bertha Sachtleber
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustavus Trott Franklin Strecker
9. Father's Occupation	Apothecary
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Thomas D. Evans M.D
Address	No 22 Jackson Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29714

HEALTH DEPARTMENT
MAR
12
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 27, 1899
4. *Place of Birth (Street and Number)* 2 Ivy Alley
5. *Full Name of Mother* Hester [redacted] Cooper
6. *Mother's Maiden Name* Hester Smith
7. *Mother's Birthplace* Annapolis M. D.
8. *Full Name of Father* Richard Cooper
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Annapolis M. D.

Name of Medical Attendant, or other Person who makes this return Hester Bordley Midwife

Address 45 Orchard Street

Remarks

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29715

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* febery. 28. 1879
4. *Place of Birth (Street and Number)* No 97 perry st Baltimore city
5. *Full Name of Mother* maggie ~~Scowfield~~ daiols
6. *Mother's Maiden Name* maggie scowfield
7. *Mother's Birthplace* baltemore shore
8. *Full Name of Father* john daiols
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* colbert county

Name of Medical Attendant, or other Person who makes this Return. mary ann dowrey

Address 160 elbow lane

Remarks five dollars

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2971/6

HEALTH DEPARTMENT
MAR
4
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Coloured
3. *Date of Birth* Feb 28th 1879
4. *Place of Birth (Street and Number)* Baltimore No 61 Arch st
5. *Full Name of Mother* Hester A Sawme
6. *Mother's Maiden Name* Hester A White
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Edward Sawme
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs L. Granby

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29717

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth Feby 28th 79
4. Place of Birth (Street and Number) No 6 College Alley - Balto City
5. Full Name of Mother Emily Bell
6. Mother's Maiden Name Emily Sharpes
7. Mother's Birthplace Cambridge Maryland
8. Full Name of Father Henry Bell
9. Father's Occupation Labourer
10. Father's Birthplace Loudoun Co Virginia

Name of Medical Attendant, or other Person who makes this Return. H. H. Powell M.D.

Address 87 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	"
3. *Date of Birth*	28 Feb. 1879
4. *Place of Birth (Street and Number)*	64 Nash Market Space
5. *Full Name of Mother*	Mary Landerkin
6. *Mother's Maiden Name*	Patterson
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michael Landerkin
9. *Father's Occupation*	Floor-Keeper
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	151 E Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

99719

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 28 1879
4. *Place of Birth (Street and Number)* 1212 Bank st
5. *Full Name of Mother* Jane Morgan
6. *Mother's Maiden Name* Jane Cochran
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George H Morgan
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mary A Mitchell

Address 246 McDonough st

Remarks

29720

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child 1. Mother

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth February 28. 1879.
4. Place of Birth (Street and Number) North Frederick No 3.
5. Full Name of Mother Louise Friede
6. Mother's Maiden Name Louise Neurohr
7. Mother's Birthplace Richmond Va.
8. Full Name of Father Gustav Friede
9. Father's Occupation Porter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lauber Reiß Gebauer

Address No 26. N Friedrichstrasse

Remarks L. Th.

...ed Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29721

HEALTH DEPARTMENT
MAR 3 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* White, Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 28th 79.
4. *Place of Birth (Street and Number)* 14 St Ernest St.
5. *Full Name of Mother* Maria Albrecht
6. *Mother's Maiden Name* " Lechner
7. *Mother's Birthplace* Baltimore "
8. *Full Name of Father* Thimothius Albrecht
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Kur-hessen

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh.

Address 328 So Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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29722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* feb 28 1879
4. *Place of Birth (Street and Number)* 125 North wolf st
5. *Full Name of Mother* Harriet A king
6. *Mother's Maiden Name* Harriet A thirkle
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles E king
9. *Father's Occupation* marriner
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29723

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	28 of february
4. *Place of Birth (Street and Number)*	98 Hudson Street
5. *Full Name of Mother*	Johanna quickmire
6. *Mother's Maiden Name*	Johanna Sweeney
7. *Mother's Birthplace*	Carrol County
8. *Full Name of Father*	Charles quickmire.
9. *Father's Occupation*	labor
10. *Father's Birthplace*	virgina
Name of Medical Attendant, or other Person who makes this return	mary E swanze
Address	59 Eutaw stret
Remarks	mother and Child are doing well as can be Expect

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

297211

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second –

1. Sex (state whether Male or Female) Female –
2. Race or Color (if not of the white race) White
3. Date of Birth April 2. 1877 –
4. Place of Birth (Street and Number) 395 Lanvale st –
5. Full Name of Mother Cornelia S. Holbrook –
6. Mother's Maiden Name Cornelia S. Gordon –
7. Mother's Birthplace New Haven – Conn –
8. Full Name of Father Edward H. Holbrook –
9. Father's Occupation Physician
10. Father's Birthplace Somerset Co –

Name of Medical Attendant, or other Person who makes this Return. E. H. Holbrook. M.D.

Address 327 Lanvale st –

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27725

To the Office of Registrdr of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16. 1878
4. Place of Birth (Street and Number)	327 Lanvale st
5. Full Name of Mother	Cornelia S. Holbrook
6. Mother's Maiden Name	Cornelia S. Gordon
7. Mother's Birthplace	New Haven Conn
8. Full Name of Father	Edward H. Holbrook
9. Father's Occupation	Physician
10. Father's Birthplace	Somerset Co
Name of Medical Attendant, or other Person who makes this Return.	Ed H. Holbrook. M.D.
Address	327 Lanvale st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 28. 1878.
4. *Place of Birth* (Street and Number)	466 Mulberry St.
5. *Full Name of Mother*	Charlotte Feelemyer
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	
8. *Full Name of Father*	Joseph F. Feelemyer
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook. M.D.
Address	327 Lawrence St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

29727

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 27th October '78
4. Place of Birth (Street and Number) No 386 Hamburg St.
5. Full Name of Mother ~~Jonathan Nesbit~~ Elizabeth Nesbit
6. Mother's Maiden Name Elizabeth Carr
7. Mother's Birthplace Virginia
8. Full Name of Father Jonathan Nesbit
9. Father's Occupation Clerk
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Geo G. Brewer M.D.

Address 258 w Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE APR 9 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 Nov 1878
4. Place of Birth (Street and Number) 128 South Ann St.
5. Full Name of Mother Margaret Wigan
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Wigan
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. G. Brewer M.D.

Address 258 W Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29729

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 3d 1878
4. Place of Birth (Street and Number)	267 N. Stricker st.
5. Full Name of Mother	Imogene A. Burnett
6. Mother's Maiden Name	Imogene A. Bullock
7. Mother's Birthplace	New York
8. Full Name of Father	John Mc. Burnett
9. Father's Occupation	Lumber Inspector
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook. M.D.
Address	327 Lanvale st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

29730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 9 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st December 1878
4. *Place of Birth (Street and Number)* 39 George St.
5. *Full Name of Mother* Jane McGee
6. *Mother's Maiden Name* Jane McGee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilfrid Dwyer
9. *Father's Occupation* Express messenger Balt & Ohio R R
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Brewer M D.

Address 258 W Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th January 1879
4. Place of Birth (Street and Number) 229 Hollins St
5. Full Name of Mother Fredericka Goetz
6. Mother's Maiden Name Fredericka Sheck
7. Mother's Birthplace Maryland
8. Full Name of Father Hugo Goetz
9. Father's Occupation Piano maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M.D.

Address 258 W Fayette St

Remarks

RETURN OF A BIRTH.

29732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Name: Harry Brodhead Cross

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 6. 1879.
4. Place of Birth (Street and Number)	425 Lanvale st.
5. Full Name of Mother	Mary A. Cross
6. Mother's Maiden Name	Mary A. Meddegan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John T. Cross
9. Father's Occupation	B. & O. Freight Office
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	E. H. Hollbrook. M.D.
Address	327 Lanvale st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City...

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
APR 18 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth [illegible]
4. Place of Birth (Street and Number) [illegible]
5. Full Name of Mother Laura Gambrill
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert Gambrill
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Riggin Buckler

Address 135 N Charles St

Remarks Baltimore

[illegible] Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPAR
APR
15
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 10th 1879
4. Place of Birth (Street and Number)	130 N. Howard Street
5. Full Name of Mother	Sarah E. Chambers
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert H. Chambers
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Margaret A. Richmond
Address	186 Lee Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 12 February
4. *Place of Birth (Street and Number)* 131 Dallas St.
5. *Full Name of Mother* Anna Dashiell
6. *Mother's Maiden Name* Anna Belcher
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Dashiell
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. D Bailey

Address No 185 Central Av or Hanover St.

Remarks Well

RETURN OF A BIRTH.

29736

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 21 1879
4. Place of Birth (Street and Number)	140 Hill St. Baltimore Md.
5. Full Name of Mother	Sarah Jane Tyson
6. Mother's Maiden Name	Sarah Jane Brown.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Tyson.
9. Father's Occupation	Painter House
10. Father's Birthplace	Virginia.
Name of Medical Attendant, or other Person who makes this Return.	Margret A Richmond
Address	185 Lee Street.
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 1st
4. *Place of Birth (Street and Number)* 60 Somerset St
5. *Full Name of Mother* Bertha Dietrich
6. *Mother's Maiden Name* " " Eiermann
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Dietrich.
9. *Father's Occupation* Saloon Keeper.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dummler.

Address 60 North Schwedenort

Remarks Child Healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 March 1879
4. *Place of Birth (Street and Number)* 232 Eastern Av
5. *Full Name of Mother* Dora Simpson
6. *Mother's Maiden Name* Edward
7. *Mother's Birthplace* M. P.
8. *Full Name of Father* Jos. Simpson
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* U. P.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	C
3. Date of Birth	March 1 1879
4. Place of Birth (Street and Number)	49 State pl
5. Full Name of Mother	Mary Ringold
6. Mother's Maiden Name	Mary Hilson
7. Mother's Birthplace	Balt
8. Full Name of Father	James Ringold
9. Father's Occupation	Caterer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	J H Patten M D
Address	28 Franklin
Remarks	

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RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8 6

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 1. 1879
4. Place of Birth (Street and Number) S. Schappel str N 94.
5. Full Name of Mother Elisabeth Trabert
6. Mother's Maiden Name Fuerst
7. Mother's Birthplace Baden
8. Full Name of Father Johann Trabert
9. Father's Occupation Talor
10. Father's Birthplace Reultbach Bezern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolf str N 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Dark
3. Date of Birth Mar 1 — 1879
4. Place of Birth (Street and Number) 72 Lewis Alley
5. Full Name of Mother Anna Kelly
6. Mother's Maiden Name Perkins
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Richard Kelly
9. Father's Occupation Master
10. Father's Birthplace Easton Md

Name of Medical Attendant, or other Person who makes this Return. McKeden MD

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29742

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 1st 1879
4. *Place of Birth (Street and Number)* No 348 Light st
5. *Full Name of Mother* Mary Schultz
6. *Mother's Maiden Name* Holzman
7. *Mother's Birthplace* America
8. *Full Name of Father* Albert Schultz
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29713

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 1st 1879
4. *Place of Birth (Street and Number)*	No 404 Hanover st.
5. *Full Name of Mother*	Margaretha Gallem
6. *Mother's Maiden Name*	Loam
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Gallem
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. Lochrogsair midwife
Address	330 Hanover st
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ject Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29711

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 4 st 1879
4. *Place of Birth (Street and Number)*	No 53 Bayon st
5. *Full Name of Mother*	Tinna Hess
6. *Mother's Maiden Name*	Loewenstein
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Aron Hess.
9. *Father's Occupation*	Tinsmith
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwager midwife
Address	330 Hanover st.
Remarks	

29745

HEALTH DEPARTMENT
MAR 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 1st 1879
4. *Place of Birth (Street and Number)* No 213 Cross st.
5. *Full Name of Mother* Cathern Müller
6. *Mother's Maiden Name* Scheu
7. *Mother's Birthplace* Germaney.
8. *Full Name of Father* Adolph Müller
9. *Father's Occupation* Basket maker
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohegasser midwife

Address 330 Hanover st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29746

HEALTH DEPARTMENT
MAR 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* March 1st 1879.
4. *Place of Birth (Street and Number)* 284 W Lexington St.
5. *Full Name of Mother* Carrie Adelsdorf.
6. *Mother's Maiden Name* Carrie Eliel.
7. *Mother's Birthplace* Baltn City.
8. *Full Name of Father* Joseph Adelsdorf
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozed Ltd

Address City.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 5 1879
BALTIMORE.

29 11-7

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colt
3. *Date of Birth* 1st March 79.
4. *Place of Birth (Street and Number)* 114 S. Bethel St
5. *Full Name of Mother* Elizabeth Hughes
6. *Mother's Maiden Name* Elizabeth Hughes
7. *Mother's Birthplace* Snowhill Md.
8. *Full Name of Father* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace* unknown

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Walker

Address 164 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29748

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* first of March 1879
4. *Place of Birth (Street and Number)* 4 North Washington St
5. *Full Name of Mother* Liz Grell
6. *Mother's Maiden Name* Liz Kluart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Will G. Kluart
9. *Father's Occupation* Brick layer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel p Tonk Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29749

HEALTH DEPARTMENT
MAR 5 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Light chesnut

1. *Sex (state whether Male or Female)* girle
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Sat March the. 1. 1879
4. *Place of Birth (Street and Number)* Ruze Alley. No. 5
5. *Full Name of Mother* Elizbeth Letherberry
6. *Mother's Maiden Name* E. Queen
7. *Mother's Birthplace* birth york St
8. *Full Name of Father* Winder Letherberry
9. *Father's Occupation* Oyster Sucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizer ~~Queen~~ 210. Hughes St

Address Griffithon

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	First of March
4. Place of Birth (Street and Number)	122 Battery ave. South Balto.
5. Full Name of Mother	Sarah. Jane. Norfolk.
6. Mother's Maiden Name	Sarah. J. Lowry.
7. Mother's Birthplace	Durst Alley South Baltimore,
8. Full Name of Father	James Lowry. Norfolk.
9. Father's Occupation	Oyster Packer.
10. Father's Birthplace	Cross. St. Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Conway.
Address	~~No. 218~~ 218 Battery ave. South Baltimore
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29751

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 d.
1. *Sex (state whether Male or Female)*	Knabe.
2. *Race or Color (if not of the white race)*	weiß
3. *Date of Birth*	d. 1. März. 1879.
4. *Place of Birth (Street and Number)*	Baltimore Patapsco St 109.
5. *Full Name of Mother*	Marie Schäflein
6. *Mother's Maiden Name*	Siebert.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Johann Schäflein
9. *Father's Occupation*	Tagelöhner
10. *Father's Birthplace*	Preußen.
Name of Medical Attendant, or other Person who makes this Return.	Anna Zimmer.
Address	O'Donnell St. 21.
Remarks	

29752

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Mal
2. *Race or Color (if not of the white race)* Called
3. *Date of Birth* 2 March 1879
4. *Place of Birth (Street and Number)* 110 high Street
5. *Full Name of Mother* Lolla Jones
6. *Mother's Maiden Name* ~~Martha~~ Rotta Romney
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Jones
9. *Father's Occupation* Sales
10. *Father's Birthplace* West indies

Name of Medical Attendant, or other Person who makes this Return. Robert Wittem

Address No 70 Chestnut Mt

Remarks Mother Ind Shell daily Wed

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29753

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	American (White)
3. Date of Birth	March 2d 1879
4. Place of Birth (Street and Number)	241 Harrod Street
5. Full Name of Mother	Sarah Lotta Burns
6. Mother's Maiden Name	Sarah Lotta Carey
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	Edward J Burns
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Hubbard
Address	189 Constitution Street
Remarks	Everything Perfectly Satisfactory

29754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d of March 1879
4. *Place of Birth (Street and Number)* 94 Jefferson
5. *Full Name of Mother* E. Frippe
6. *Mother's Maiden Name* Germany
7. *Mother's Birthplace*
8. *Full Name of Father* John Frippe
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Wells

Address 123 N. Carolina

Remarks Ed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29755

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
MAR
10
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2d 1879
4. *Place of Birth (Street and Number)* No 1 Mc Mechen st
5. *Full Name of Mother* Anna Snyder
6. *Mother's Maiden Name* " Singer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Snyder
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engeldrum

Address No 14 Union st

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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29756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 6 C

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth March 2, 1879
4. Place of Birth (Street and Number) S. Durham str No 91
5. Full Name of Mother Margaretha Uttenreiter
6. Mother's Maiden Name Gephardt
7. Mother's Birthplace Baltimore
8. Full Name of Father Petrus Uttenreiter
9. Father's Occupation Lohner
10. Father's Birthplace Echolshein Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Raupach

Address S. Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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29757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2nd 1879
4. Place of Birth (Street and Number)	376 Hanbury St.
5. Full Name of Mother	Alice S. Gassaway
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Annapolis
8. Full Name of Father	Edward Gassaway
9. Father's Occupation	Stevedore
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Bank St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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29758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 10 1879 BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 March 1879
4. *Place of Birth (Street and Number)* 90 Hampstead St
5. *Full Name of Mother* Mina Kohler
6. *Mother's Maiden Name* Ungemach
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Abraham Kohler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 Lombard St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29759

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd year 1879
4. *Place of Birth (Street and Number)* No. 872 W. Pratt St.
5. *Full Name of Mother* Ellen Bosley
6. *Mother's Maiden Name* Ellen Madden.
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm Bosley
9. *Father's Occupation* Annual
10. *Father's Birthplace* State of Maryland.

Name of Medical Attendant, or other Person who makes this Return. M. J. Linan.

Address No. 433 W. Mc Henry St. cor Mound.

Remarks Strong healthy baby.

---

rect Record of Vital Statistics in the City of Baltimore.

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29760

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born March 2d
4. *Place of Birth (Street and Number)* Baltimore No 25 Leadenhall St
5. *Full Name of Mother* Josfene Davis
6. *Mother's Maiden Name* " More
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John Davis
9. *Father's Occupation* Laboring
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anneline Wilson

Address 288 Cross St

Remarks

RETURN OF A BIRTH.

29761

HEALTH DEPARTMENT MAR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 2 nd 1879
4. *Place of Birth (Street and Number)*	17 Buttlers alley
5. *Full Name of Mother*	Mary Bothe
6. *Mother's Maiden Name*	Dettmer
7. *Mother's Birthplace*	Germaney.
8. *Full Name of Father*	Ludwig Bothe
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace*	Germaney.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohyassek midwife
Address	330 Hanover st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

29762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 2th march
4. Place of Birth (Street and Number) No 18 Miller ST
5. Full Name of Mother Eliza Chaillow
6. Mother's Maiden Name Eliza Commings
7. Mother's Birthplace Ireland
8. Full Name of Father Augustus Chaillow
9. Father's Occupation Police
10. Father's Birthplace Baltimore M. D

Name of Medical Attendant, or other Person who makes this Return. Mrs ~~Pafarr~~ Dorothea Pfarr

Address " " No 255 Eager ST

Remarks

no more at Preasent, all well and harty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natlvity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29763

HEALTH DEPT.
APR
15
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 3 third
1. *Sex (state whether Male or Female)*	Female Child
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 2nd
4. *Place of Birth (Street and Number)*	No 18 St. Peter St. Baltimore
5. *Full Name of Mother*	Louisa C Smith Adams
6. *Mother's Maiden Name*	Louisa C Smith
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Andrew J Adams
9. *Father's Occupation*	Tin Sheet-iron worker
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Margt E Redmond
Address	185 Lee Street Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

297611

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 2, 1879.
4. *Place of Birth (Street and Number)* E. Monument St. No. 251
5. *Full Name of Mother* Priscilla Abbott.
6. *Mother's Maiden Name* Priscilla McDagh.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles L. Abbott
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT. MAR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2nd 1879
4. Place of Birth (Street and Number)	141 Johnson St
5. Full Name of Mother	Laura Seth
6. Mother's Maiden Name	Laura Warner
7. Mother's Birthplace	Kent Co. Md
8. Full Name of Father	Frank Seth
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
days thereafter, stating distinctly the date of birth, sex, and color of the child or children
or their physical condition, whether still born or not, the full name, nativity, and residence of
parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
MAR
5
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 2d 1879
4. *Place of Birth (Street and Number)*	169 Easten Avenue
5. *Full Name of Mother*	Mary Creamer
6. *Mother's Maiden Name*	Mary Wallis
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Creamer
9. *Father's Occupation*	Hair Captive
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Tubb
Address	99 Lancaster St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

...ny physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...he birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ix days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...its or their physical condition, whether still born or not, the full name, nativity, and residence ...the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT
MAR
5
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	A Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	Second of March 1879
4. Place of Birth (Street and Number)	11 North Chappel st
5. Full Name of Mother	Maggie Lorch
6. Mother's Maiden Name	Maggie Dolch
7. Mother's Birthplace	Germany
8. Full Name of Father	Jno Dolch
9. Father's Occupation	Wheeler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	11 North Chappel st p/ John Kunkel
Remarks	Healthy.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White —
3. Date of Birth	Mch. 2. 1879.
4. Place of Birth (Street and Number)	52 Westcoat st —
5. Full Name of Mother	Rosa Warwick,
6. Mother's Maiden Name	Dinsmore,
7. Mother's Birthplace	Balto. City,
8. Full Name of Father	William H. Warwick,
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Philadelphia, Pa —
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M. D.
Address	247 Lanvale st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

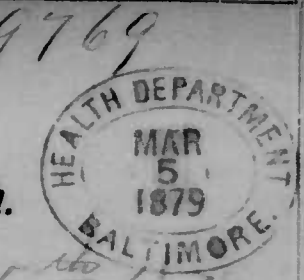
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29769

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 5 to 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 ch'n.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 2nd " 1879
4. Place of Birth (Street and Number) 135 Wolfe St.
5. Full Name of Mother Louisa Rose.
6. Mother's Maiden Name Louisa Ammer.
7. Mother's Birthplace America.
8. Full Name of Father Charles Rose.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks (1)

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 6th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1879
4. *Place of Birth (Street and Number)* 131 Bank Street
5. *Full Name of Mother* Martha A Lauderman
6. *Mother's Maiden Name* Martha A Hitchcock
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William H Lauderman
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly MD

Address 299 E Baltimore Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 2nd 1879
4. *Place of Birth (Street and Number)* # 2 Norris St
5. *Full Name of Mother* Margarette Schmidt
6. *Mother's Maiden Name* " Reis
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Peter Schmidt
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehe (Mid)

Address 220 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 3rd 1879
4. *Place of Birth (Street and Number)* No 212 ~~Franklin~~ st Franklin
5. *Full Name of Mother* Agnes Morrisseth
6. *Mother's Maiden Name* Agnes Decker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Millard Morrisseth
9. *Father's Occupation* Steam fitter
10. *Father's Birthplace* Richmond Pa

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument st

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29773

HEALTH DEPARTMENT
MAR
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 3d " 79
4. *Place of Birth (Street and Number)*	138 Bare St.
5. *Full Name of Mother*	Fredericka A Meyer
6. *Mother's Maiden Name*	" Wagenfeld
7. *Mother's Birthplace*	Prussia
8. *Full Name of Father*	Henry Meyer
9. *Father's Occupation*	Pattern Maker
10. *Father's Birthplace*	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Mary Kehl
Address	326 South Eutaw St
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29771

HEALTH DEPARTMENT
MAR 15 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 3rd " 79
4. *Place of Birth (Street and Number)*	Warner # 19
5. *Full Name of Mother*	Henrietta Bork
6. *Mother's Maiden Name*	" Schmidt
7. *Mother's Birthplace*	Prussia
8. *Full Name of Father*	Jacob Bork
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 12 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3d of Mar. Ch. 1879.
4. *Place of Birth (Street and Number)* No. 5 Mott St.
5. *Full Name of Mother* L. V. Chester
6. *Mother's Maiden Name* L. V. Grant
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* F. H. Chester
9. *Father's Occupation* Post Office Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 3. 1879
4. *Place of Birth (Street and Number)* S. Registerstr No 98
5. *Full Name of Mother* Maria Grebe
6. *Mother's Maiden Name* Ostermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Friedrich Grebe
9. *Father's Occupation* Lebner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. F. Raupach

Address S. Wolfstr No 28

Remarks Midwife

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 3. 1879

4. Place of Birth (Street and Number) S. Warschingtonstr No 21

5. Full Name of Mother Elisabeth Amed

6. Mother's Maiden Name Foester

7. Mother's Birthplace Marburg K. Hessen

8. Full Name of Father Johan Amed

9. Father's Occupation Lebner

10. Father's Birthplace Aura Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address S. Wolfstr No 28

Remarks Undwife

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd. 1879
4. Place of Birth (Street and Number)	100 Hillen St
5. Full Name of Mother	Sarah Heath.
6. Mother's Maiden Name	Sarah Reid
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	E. Harry Heath
9. Father's Occupation	Oyster Dealer
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton, M.D.
Address	269 N. Caroline St.
Remarks	"Vertex Presentation"

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29779

HEALTH DEPARTMENT
MAR 7
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	75 Hamburg
4. *Place of Birth (Street and Number)*	March 3
5. *Full Name of Mother*	Mrs Kate Farrell
6. *Mother's Maiden Name*	Mrs Kate Flynn
7. *Mother's Birthplace*	East Port, Maine
8. *Full Name of Father*	William Farrell
9. *Father's Occupation*	Boder maker
10. *Father's Birthplace*	Terron Poland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Wade
Address	
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 of March 1879
4. *Place of Birth (Street and Number)* 51 Cambridge st
5. *Full Name of Mother* Mary Gillison
6. *Mother's Maiden Name* Mary Wile
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Wile
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Germoney

Name of Medical Attendant, or other Person who makes this Return. Mrs Riley

Address No 12 Patterson Park Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

29781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 3d 1879
4. Place of Birth (Street and Number) 426 Canton Avenue
5. Full Name of Mother Augusta Rauh
6. Mother's Maiden Name " Bauert
7. Mother's Birthplace Baltimore
8. Full Name of Father George Rauh
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Lucken

Address No 10 Essex st

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3
4. Place of Birth (Street and Number)	Jasper St No 44
5. Full Name of Mother	Germany
6. Mother's Maiden Name	Elizabeth Shade
7. Mother's Birthplace	Elizabeth Wils
8. Full Name of Father	John Shade
9. Father's Occupation	Oyster Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Le Gerstenbergen
Address	
Remarks	Jasper Street 44

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 3 ed 1879
4. *Place of Birth (Street and Number)* No. 314 Sharp st
5. *Full Name of Mother* Elenora Loos.
6. *Mother's Maiden Name* Becht
7. *Mother's Birthplace* Germaney.
8. *Full Name of Father* Emil Loos
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germaney

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser Midwife

Address 330 Hanover st.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3d 1879
4. Place of Birth (Street and Number)	No. 14 Etting St
5. Full Name of Mother	Margaret Bates
6. Mother's Maiden Name	Margaret Brow
7. Mother's Birthplace	Norfolk Va
8. Full Name of Father	Oscar D. Bates
9. Father's Occupation	Clerk
10. Father's Birthplace	Connecticut
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett. M.D
Address	92 Mosher St.
Remarks	

29785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 3
4. Place of Birth (Street and Number) Falls Turnpike
5. Full Name of Mother Catharine Kelley
6. Mother's Maiden Name Canners
7. Mother's Birthplace Ireland
8. Full Name of Father Phillip Kelley
9. Father's Occupation Watchman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula J Chrisman

Address No 7 Garrest Place

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) col "
3. Date of Birth March 3rd, 1879
4. Place of Birth (Street and Number) No 82 Burgundy Cilly
5. Full Name of Mother Mary Wright
6. Mother's Maiden Name " Mary Wright " "
7. Mother's Birthplace Queens Ann Court Md
8. Full Name of Father father name unknown
9. Father's Occupation unknown
10. Father's Birthplace unknown

Name of Medical Attendant, or other Person who makes this Return. Lucy Dufour

Address 150 South Eutaw St cut

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3 March 1879
4. Place of Birth (Street and Number) Penn. avenue & Townsend Sts.
5. Full Name of Mother Mary Horsman
6. Mother's Maiden Name Bibelheiser
7. Mother's Birthplace Balt. City
8. Full Name of Father Henry Horsman
9. Father's Occupation Laborer.
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 McCulloh St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the second.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	~~February~~ March. 3.
4. Place of Birth (Street and Number)	N 83 north Ann st.
5. Full Name of Mother	Marie Fischer.
6. Mother's Maiden Name	" Biber.
7. Mother's Birthplace	Germania
8. Full Name of Father	Peter Fisher
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germania.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Marie Fischer.

rect Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT APR 1 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth March 3d 1879.

4. Place of Birth (Street and Number) West Street. No 72.

5. Full Name of Mother Margaretha Thuman

6. Mother's Maiden Name Margaretha Bansen

7. Mother's Birthplace Germany

8. Full Name of Father Henry Thuman

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address No 114 Battery Av.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT MAR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 4th
4. *Place of Birth (Street and Number)* Fayette 2nd door of Bond
5. *Full Name of Mother* Kate Lacy
6. *Mother's Maiden Name* ~~Kelly~~ Kelly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Lacy
9. *Father's Occupation* Foundry Proprietor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Koob

Address 828 South Eutaw St

Remarks

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d in Baltimore

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th March 1877
4. *Place of Birth (Street and Number)* Baltimore [illegible]
5. *Full Name of Mother* Dicka
6. *Mother's Maiden Name* Bednars
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Jos Bednars
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* J Bohemian

Name of Medical Attendant, or other Person who makes this Return. M J Coates

Address 67 Hos Lobstore St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st [illegible]
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	4th March 1879
4. Place of Birth (Street and Number)	24 Chesnut St.
5. Full Name of Mother	Sarah Sanders
6. Mother's Maiden Name	Sarah Davis
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	[illegible] Davis
9. Father's Occupation	Cook
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Miller
Address	125 N. [illegible]
Remarks	City

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 4. 1879
4. *Place of Birth (Street and Number)* Eastern Av. No. 100.
5. *Full Name of Mother* Sarah. Timstall
6. *Mother's Maiden Name* Sarah Stumpner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Timstall
9. *Father's Occupation* Tavern Keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1879
4. *Place of Birth (Street and Number)* Forrest & Low streets
5. *Full Name of Mother* Annie Drecksler
6. *Mother's Maiden Name* Annie Schuldheis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Casper Drecksler
9. *Father's Occupation* Musician
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29795 162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4 1879
4. Place of Birth (Street and Number)	No 293 Hamburg St
5. Full Name of Mother	M. Sofa Perry
6. Mother's Maiden Name	M Sofa Dorsetal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David H Perry
9. Father's Occupation	Chief Carpenter of the Navy
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	H B Noble MD
Address	17 Warren av
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 5 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 5th 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 4th 1879.
4. *Place of Birth (Street and Number)* 54 Durham St.
5. *Full Name of Mother* Mary Schmidt.
6. *Mother's Maiden Name* Mary Gossman.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Joseph Schmidt.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

29797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (~~state whether Male or Female~~)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 4th 1879; 11:18 A.M.

4. *Place of Birth (Street and Number)* No. 45 Law St.

5. *Full Name of Mother* Annie Miller

6. *Mother's Maiden Name* Annie Dieter

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Joseph Miller

9. *Father's Occupation* Cooper

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. E. Gerdes, M.D.

Address No. 102 Columbia Ave.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4
4. Place of Birth (Street and Number)	McAllears Court
5. Full Name of Mother	Mary Kelly
6. Mother's Maiden Name	Cunningham
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race) White

3. Date of Birth March 4th 1879.

4. Place of Birth (Street and Number) 116 S Gilmor St.

5. Full Name of Mother Mary E. Smith

6. Mother's Maiden Name Mary E. Jeffries.

7. Mother's Birthplace Elks Ridge, Howard Co, Md

8. Full Name of Father Andrew Smith.

9. Father's Occupation Carpenter.

10. Father's Birthplace Georgetown, D C

Name of Medical Attendant, or other Person who makes this Return. John S. K. Boyd M.D.

Address City.

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1879
BALTIMORE

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5'

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 4
4. Place of Birth (Street and Number) Chapel & Dallas St No 44
5. Full Name of Mother Julia Lee
6. Mother's Maiden Name Julia Payne
7. Mother's Birthplace Eastern Shore
8. Full Name of Father Emanual Lee
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Virginia State

Name of Medical Attendant, or other Person who makes this Return. Mary E Barber

Address 57 Jefferson St

Remarks not liv

29801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* Marylander
3. *Date of Birth* March 4th
4. *Place of Birth (Street and Number)* South Sharp St No. 328
5. *Full Name of Mother* Mrs Greif
6. *Mother's Maiden Name* Rosa
7. *Mother's Birthplace* Fredirick Road
8. *Full Name of Father* Chas Greifzn
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace* Ocean

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Lee and Hall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29802

HEALTH DEPARTMENT
ARR
15
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	fourth of March 1879
4. Place of Birth (Street and Number)	3 Warner St - Baltimore
5. Full Name of Mother	Isabell B Melvin
6. Mother's Maiden Name	Isabell B Tolly
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John H Melvin
9. Father's Occupation	Huckster
10. Father's Birthplace	Hope Co Main
Name of Medical Attendant, or other Person who makes this Return.	Margret A Richmond
Address	185 Lee St - Baltimore
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

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29803

HEALTH DEPARTMENT
APR 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) —

3. Date of Birth March 4th 1879

4. Place of Birth (Street and Number) Johnson Street No 145

5. Full Name of Mother Catharina Heckner

6. Mother's Maiden Name Catherina Grauer

7. Mother's Birthplace Baltimore M.d.

8. Full Name of Father Christian Heckner

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. B. Dorothea Brune

Address No 114 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

R. 11

29804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Yellow
3. *Date of Birth* 5 March 1879
4. *Place of Birth (Street and Number)* No 37 Durham Ste
5. *Full Name of Mother* Lizzie Jones
6. *Mother's Maiden Name* Lizzie Groomes
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ruth Wilson

Address No 70 Chestnut Ste

Remarks Mother and Child doing Well

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of March 1879
4. Place of Birth (Street and Number)	Orleans St.
5. Full Name of Mother	Margaret Silver
6. Mother's Maiden Name	Margaret Rolman
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Silver
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	126 W. Eaton
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 11 6

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 5. 1879
4. Place of Birth (Street and Number) S. Koestelstr No 49
5. Full Name of Mother Dorethea Schmidt
6. Mother's Maiden Name Toepfer
7. Mother's Birthplace Bavaria
8. Full Name of Father Johan Schmidt
9. Father's Occupation Kartreiber
10. Father's Birthplace Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Raupach

Address S. Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white.
3. Date of Birth	März 3 d. 1870
4. Place of Birth (Street and Number)	188 n. Karolinstr.
5. Full Name of Mother	Lilie Wele
6. Mother's Maiden Name	L. Longe
7. Mother's Birthplace	Virginia Amerika
8. Full Name of Father	Louis Wele
9. Father's Occupation	Seilermann
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 n. Bondstr.
Remarks	

29808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 5th
4. *Place of Birth (Street and Number)* 51 Lemon St
5. *Full Name of Mother* Catherian. Stour
6. *Mother's Maiden Name* Catherian Dorsey
7. *Mother's Birthplace* Frederick md
8. *Full Name of Father* John. W. Stour
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore co

Name of Medical Attendant, or other Person who makes this Return.

Address Anner Dumler 60 Schroter

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2.9509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1879
4. Place of Birth (Street and Number)	No 9 Hamilton St
5. Full Name of Mother	Josephine Rusk
6. Mother's Maiden Name	Josephine Carter
7. Mother's Birthplace	City
8. Full Name of Father	William Rusk
9. Father's Occupation	Mechanic
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D.
Address	17 Hanover St
Remarks	

29810

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born 5 1879
4. *Place of Birth (Street and Number)* Little mine at No 2
5. *Full Name of Mother* Mary Hawkins
6. *Mother's Maiden Name* Mary moss
7. *Mother's Birthplace* Anharundle County
8. *Full Name of Father* Luther Hawkins
9. *Father's Occupation* Dead
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte [illegible]

Address 88 Moresby Baltimore

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29811

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Mch 5 1879
4. *Place of Birth (Street and Number)*	108 Fort ave
5. *Full Name of Mother*	Amelia Brown
6. *Mother's Maiden Name*	Amelia Kennedy
7. *Mother's Birthplace*	Pennsylvania Pa
8. *Full Name of Father*	Terre Brown
9. *Father's Occupation*	Conductor
10. *Father's Birthplace*	Rhod Island
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

29812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 5th 1879
4. *Place of Birth (Street and Number)* 17 State st.
5. *Full Name of Mother* Dolly Taylor Brian
6. *Mother's Maiden Name* Taylor
7. *Mother's Birthplace* St Marys County Md
8. *Full Name of Father* John Henry Brian
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Cambridge Md

Name of Medical Attendant, or other Person who makes this return Hesther Boardley

Address 85 Orchard st

Remarks child lived 12 hours being 8 months child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29813

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5th 1879
4. *Place of Birth (Street and Number)* 350 Lanvale St
5. *Full Name of Mother* ~~Mary~~ Katie Richardson
6. *Mother's Maiden Name* ~~Mary~~ " Norris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles H. Richardson
9. *Father's Occupation* Clerk in Custom House
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
6
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 5 1879
4. *Place of Birth (Street and Number)*	№ 212 Cross St
5. *Full Name of Mother*	Caroline Robison
6. *Mother's Maiden Name*	Lindlain
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Lazarus Robison
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohnagasser midwife
Address	330 Hanover st.
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29815

COVER NAME ADDED 8-11-55

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 6 1879 BALTIMORE

Name: Mary Catherine Sieble

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 5 1879
4. *Place of Birth (Street and Number)*	45 Brown st
5. *Full Name of Mother*	Gina Sieble
6. *Mother's Maiden Name*	Casey
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Frank Sieble
9. *Father's Occupation*	Gardner
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	330 Hanover st.
Remarks	

That any physician, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 5th
4. *Place of Birth (Street and Number)*	261 Forrest St
5. *Full Name of Mother*	Margaret Rehiell
6. *Mother's Maiden Name*	Dalan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Frank Rehiell
9. *Father's Occupation*	Laboner
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Elmsmer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) A Boy.

2. Race or Color (if not of the white race) White

3. Date of Birth 5th of March 1879

4. Place of Birth (Street and Number) 345 Orleans st

5. Full Name of Mother Mari B Neubauer

6. Mother's Maiden Name Mari B. Muller

7. Mother's Birthplace Germany

8. Full Name of Father Jno Muller

9. Father's Occupation Lo Brether

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st p Jno Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPT. MAR 19 1879 BALTIMORE

29818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5 1879
4. *Place of Birth (Street and Number)* 23½ South Bond St
5. *Full Name of Mother* Astoria Belinday Maxwell
6. *Mother's Maiden Name* Astoria Belinday Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Thomas Maxwell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address The childs name Henry Thomas Maxwell

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Boy Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 6th 1879
4. *Place of Birth (Street and Number)* Amity St. N. 23
5. *Full Name of Mother* Sabena Hoffman Bilarky
6. *Mother's Maiden Name* Hoffman
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* William Bilarky
9. *Father's Occupation* Butchering
10. *Father's Birthplace* Nordlede

Name of Medical Attendant, or other Person who makes this Return.

Address Simon Dumler 60 Schroeder St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Statutes of the City of Baltimore.

RETURN OF A BIRTH.

~~29880~~
29820

APR 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

~~1.~~ *Sex (state whether male or female)* Female

~~2.~~ *Race or Color (if not of the white race)* white

3. *Date of Birth* 5 March

4. *Place of Birth (Street and Number)* Baltimore 286 Cross St

5. *Full Name of Mother* Mary Slang

6. *Mother's Maiden Name* Mary Keller

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Frank Slang

9. *Father's Occupation* Copper

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharine Munch

Address 98 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29821

HEALTH DEPARTMENT
MAR 14 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cild Baltimore

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th March 1879
4. *Place of Birth (Street and Number)* Baltimore Bonnet
5. *Full Name of Mother* Mary Fuldt
6. *Mother's Maiden Name* Yona
7. *Mother's Birthplace* Bohaman
8. *Full Name of Father* Sor Yona
9. *Father's Occupation* Tuclose
10. *Father's Birthplace* Bohaman

Name of Medical Attendant, or other Person who makes this Return. Mary Foster

Address 67 Mishorton

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29822

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Thursday. March 6th. 1879
4. Place of Birth (Street and Number)	226 N. Caroline St.
5. Full Name of Mother	Ursulla C. Berry
6. Mother's Maiden Name	Ursulla C. Shepherd
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John M. Berry
9. Father's Occupation	Varnisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25½ Gruenmount Ave
Remarks	"Vertex Presentation"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sixth " March
4. Place of Birth (Street and Number)	58 N. Bethesda st. extended
5. Full Name of Mother	Mary Elizabeth Ruppert
6. Mother's Maiden Name	" " Oliver
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Henry Ruppert
9. Father's Occupation	Coffee
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Perkins.
Address	67 Madeira Alley
Remarks	

RETURN OF A BIRTH.

298211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 12 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd. — Helen Lacy

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th 1879
4. Place of Birth (Street and Number) No 153 Dolphin St
5. Full Name of Mother Emma Frances Lacy
6. Mother's Maiden Name " Whitaker
7. Mother's Birthplace Pike County Pa.
8. Full Name of Father Benjamin Lacy
9. Father's Occupation Cotton Manufacturer
10. Father's Birthplace Brooklyn N. Y.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M.D.

Address No 203 W. Lombard St.

Remarks Given name of child added by mother upon applying for transcript. Robert Lacy brother

L. E. Mehn - Apr 26/92.

RETURN OF A BIRTH.

29825

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 6 th 1879
4. *Place of Birth (Street and Number)*	N 230 Light st
5. *Full Name of Mother*	Louise Lange
6. *Mother's Maiden Name*	Straitman
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Max Lange
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser midwife
Address	330 Hanover st.
Remarks	

29826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th 1879
4. Place of Birth (Street and Number)	681 Lexington St.
5. Full Name of Mother	Mrs. Lizzie Kimble Arthurs
6. Mother's Maiden Name	Harman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Fleming Arthurs
9. Father's Occupation	Teacher
10. Father's Birthplace	Pittsburg - Pa.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Wm. W. Murray M.D.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

29827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth — March 6th 1879
4. Place of Birth (Street and Number) — No 100 N Calhoun St.
5. Full Name of Mother — Rebecca Rosenthal
6. Mother's Maiden Name — Rebecca Bremner.
7. Mother's Birthplace — Baltimore City.
8. Full Name of Father — Jacob S. Rosenthal.
9. Father's Occupation — Lawyer
10. Father's Birthplace — Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. — John J. R. Mozer Ld.

Address — " " City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (~~state whether Male or~~ Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth March 6th; 6:12, P.M.
4. Place of Birth (Street and Number) No. 37 Dewberry Alley
5. Full Name of Mother Emma Neuman
6. Mother's Maiden Name Emma King
7. Mother's Birthplace Fredericksburg, Virginia
8. Full Name of Father John Neuman
9. Father's Occupation Bread-baker.
10. Father's Birthplace Hasse Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible] Kilderdiei, M.D.

Address No. 106 Columbia Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th 1879
4. Place of Birth (Street and Number) No 205 Druid Hill avenue
5. Full Name of Mother Mary Rosanna Renwick
6. Mother's Maiden Name Mary Rosanna Henning
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Renwick Jr
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Chatard M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29830

HEALTH DEPT. APR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar 6th 79
4. *Place of Birth (Street and Number)* Street Alley
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* Mary Grove
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Miller
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Müng

Address 98 Frauenfallstrasse

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29831

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7 March
4. *Place of Birth (Street and Number)*	282 E Asquith St
5. *Full Name of Mother*	Sarah Jamison [redacted]
6. *Mother's Maiden Name*	Owens
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Daniel Jamison
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Schrimmer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 7 March
4. *Place of Birth (Street and Number)* 26. Hamburg st
5. *Full Name of Mother* Maggie Smith
6. *Mother's Maiden Name* Maggie Thace
7. *Mother's Birthplace* Colley Count
8. *Full Name of Father* Sidney Smith
9. *Father's Occupation* Oyman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Hill Grove

Address 181 York 1 st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

29833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 7th 1879
4. Place of Birth (Street and Number) 17 W Biddle St
5. Full Name of Mother Bertha Smith
6. Mother's Maiden Name Whitridge
7. Mother's Birthplace Massachusetts
8. Full Name of Father Robert Mansen Smith
9. Father's Occupation Merchant
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

298311

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 10th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 7th 1879
4. *Place of Birth (Street and Number)* 84 Wolfe St.
5. *Full Name of Mother* Katie Spuet.
6. *Mother's Maiden Name* Katie Komm.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Martin Spuet.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks —

RETURN OF A BIRTH.

29836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
10
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27 1879
4. *Place of Birth (Street and Number)* No 239 Lombard st
5. *Full Name of Mother* Florence Willis
6. *Mother's Maiden Name* Dickerson
7. *Mother's Birthplace* Vicomico Co Md
8. *Full Name of Father* Henry H Willis
9. *Father's Occupation* Shipcarver
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Sarah Harrington

Address No 939 Canton ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29836

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 7th 1879
4. *Place of Birth (Street and Number)*	No 140 Hanover st.
5. *Full Name of Mother*	Bertha Neil
6. *Mother's Maiden Name*	Mela
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Joseph Neill
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohnasser midwife
Address	330 Hanover st.
Remarks	

RETURN OF A BIRTH.

29837

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 7 1879
4. *Place of Birth (Street and Number)*	No 242 Light st.
5. *Full Name of Mother*	Cathern Wagner
6. *Mother's Maiden Name*	Murphy
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Charles Wagner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	330 Hanover st.
Remarks	

RETURN OF A BIRTH.

29838

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 7th 1879
4. Place of Birth (Street and Number)	Baltimore. Eutaw st No. 236.
5. Full Name of Mother	Emma Palmer
6. Mother's Maiden Name	Chanler
7. Mother's Birthplace	Accomac County Va
8. Full Name of Father	Henry Palmer
9. Father's Occupation	Laborer
10. Father's Birthplace	Accomac County Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery st Balt.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Statutes of the City of Baltimore.

RETURN OF A BIRTH.

29839

DEPARTMENT OF HEALTH MAR 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 7th 1879
4. *Place of Birth (Street and Number)*	18 Battery Avenue
5. *Full Name of Mother*	Cinderella Horney
6. *Mother's Maiden Name*	Cinderella Crowdis
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	John W. Horney
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

298441/2

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 7th 1879
4. *Place of Birth (Street and Number)* No 8 Chappel st
5. *Full Name of Mother* Anna Fey
6. *Mother's Maiden Name* " Sterner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Fey
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bdz

Address 245 Canton Ave

Remarks

RETURN OF A BIRTH.

29811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 7th 1879
4. *Place of Birth (Street and Number)* 57 Chapel St.
5. *Full Name of Mother* Barbara E. Becker
6. *Mother's Maiden Name* " Krueger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Becker
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bly

Address 245 Carlton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Record of Vital Statistics in the City of Baltimore.

29842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 7th 1879
4. *Place of Birth (Street and Number)* 247 Canton Ave
5. *Full Name of Mother* Augusta Traeger
6. *Mother's Maiden Name* " Bickelberg
7. *Mother's Birthplace* Havre de Grace
8. *Full Name of Father* William Traeger
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address No 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29812

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6, to Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	6th March 17 1879
4. *Place of Birth (Street and Number)*	No 7 Perry St
5. *Full Name of Mother*	Auguste / Luant
6. *Mother's Maiden Name*	Begeschke
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charles / Luant
9. *Father's Occupation*	/ Blacksmith
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohnoasser / midwife
Address	330 Hanover St.
Remarks	

RETURN OF A BIRTH.

29511 14

MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7th 1879
4. *Place of Birth (Street and Number)* 179 Madison Alley
5. *Full Name of Mother* A B Friend
6. *Mother's Maiden Name* Annie Brown
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Conrad Friend
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. * Mrs Mary E Timms

Address # 171 S. Wash. St

Remarks

29845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born on Monday the 7, 1879
4. Place of Birth (Street and Number) Vine st 238 Balto
5. Full Name of Mother Mrs Taylor
6. Mother's Maiden Name Dont know
7. Mother's Birthplace Balto
8. Full Name of Father Mr G Tailor
9. Father's Occupation Any kind of hard work
10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address Caroline Jones.

Remarks 238 ~~[illegible]~~ st Vine st

...ect Record of Vital Statistics in the City of Baltimore.

...hat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...vise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

298116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 7th 1879
4. *Place of Birth (Street and Number)* #5 Patterson Avenue
5. *Full Name of Mother* Annie Stinchcomb
6. *Mother's Maiden Name* " Walter
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Stinchcomb
9. *Father's Occupation* Hay Dealer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Annie Presenzehe

Address 22 Preston St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29847

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d Thrird Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	of the white Race
3. Date of Birth	Born march 8th 1879
4. Place of Birth (Street and Number)	No 28 Pensylvania ave
5. Full Name of Mother	Alethbeth Buttner
6. Mother's Maiden Name	Alethbeth Eisner
7. Mother's Birthplace	in Elgnbach Bevarian germany
8. Full Name of Father	Michel . Buttner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	in Oberrinn Bevarian germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sommerfeld
Address	38 penn ave
Remarks	Good health

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 6th 1879
4. *Place of Birth (Street and Number)*	No 81 York St
5. *Full Name of Mother*	Catherh Puhl
6. *Mother's Maiden Name*	Ekking
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Herman Puhl
9. *Father's Occupation*	~~Beer~~ Brewer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lahrgasser midwife
Address	330 Hanover st
Remarks	

RETURN OF A BIRTH.

29849

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother ~~*(state whether 1st, 2d, 3d, &c.)*~~

1. Sex (state whether Male ~~*or Female*~~*)*

2. Race or Color (if not of the white race) W

3. Date of Birth Dolphin st Mar 8th 1879

4. Place of Birth (Street and Number) 110 Dolphin st

5. Full Name of Mother Agnes Wheeler

6. Mother's Maiden Name Agnes Rutherford

7. Mother's Birthplace Maryland

8. Full Name of Father Michael Wheeler

9. Father's Occupation Railroad Hand

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address Cor Eutaw & Hoffman

Remarks

vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 8th 1879
4. Place of Birth (Street and Number) No 6 Wyeth St
5. Full Name of Mother Annie Wolf
6. Mother's Maiden Name " Crouse
7. Mother's Birthplace Balto City
8. Full Name of Father Jno. W. Wolf
9. Father's Occupation Clerk
10. Father's Birthplace Penn

Name of Medical Attendant, or other Person who makes this Return. Jno. Blake M.D.

Address No 1 Scott St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

No. of Child of Mother, (~~state whether~~ *1st,* ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ *Female*)

2. Race or Color (~~if not of the~~ *white race*)

3. Date of Birth March 8th 1879.

4. Place of Birth (Street and Number) 278 Lanvale St.

5. Full Name of Mother Kate C. French.

6. Mother's Maiden Name Kate C. Miller.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father George E. French

9. Father's Occupation Merchant.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Skrzyd Ld.

Address " " City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth march 8
4. Place of Birth (Street and Number) 13 sarratoga st
5. Full Name of Mother mary jane pillett
6. Mother's Maiden Name mary jane hutson
7. Mother's Birthplace Baltimore
8. Full Name of Father thomas pillett
9. Father's Occupation labor
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson
Address no 32 short st
Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 8, 1879
4. *Place of Birth (Street and Number)* 85 Orchard Street
5. *Full Name of Mother* " "
6. *Mother's Maiden Name* Ida Philips
7. *Mother's Birthplace* Baltimore City "
8. *Full Name of Father* William Lee "
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Hester Bordley Midwife

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 8th 1879
4. Place of Birth (Street and Number) Center 55
5. Full Name of Mother Josephene Bradford
6. Mother's Maiden Name Nells
7. Mother's Birthplace Baltimore
8. Full Name of Father James H. Bradford
9. Father's Occupation Produce Dealer
10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address 124 N Exeter St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29855

Over

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 10th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) ~~Female~~ Male - Karl Franklin Brandt
2. Race or Color (if not of the white race) White.
3. Date of Birth March 8th 1879
4. Place of Birth (Street and Number) 229 Dallas St.
5. Full Name of Mother Lena Brand
6. Mother's Maiden Name Lena Stengel.
7. Mother's Birthplace Germany.
8. Full Name of Father George Brand.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks

Baptismal certificate of Karl Franklin Brandt, date of birth March 9 - 1879 signed by Rev Timotheus Stiemke. J. C. Wehn - Sept 19 1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPART. 22856
MAR 11 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child Baltimore City
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th
4. Place of Birth (Street and Number)	Castle Street No 80
5. Full Name of Mother	Harriet Spencer
6. Mother's Maiden Name	Harriet Ruby
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Spencer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Virginia Jones
Address	No 6 Castle Street
Remarks	Five Children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Mrs E Tananer doing well

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colard
3. Date of Birth March 8th 4 Oblock
4. Place of Birth (Street and Number) No 38 Gilsons Court
5. Full Name of Mother Mrs E Tananer
6. Mother's Maiden Name " "
7. Mother's Birthplace Ellicott - City
8. Full Name of Father George Washington
9. Father's Occupation Lord Carrier
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Amelia Blake

Address 54 Carlton St

Remarks Healty

RETURN OF A BIRTH.

29858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
10
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Allowed by Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child - 10th Pregnancy

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 8th 79
4. *Place of Birth* (Street and Number) 338 Park Avenue
5. *Full Name of Mother* Annie C Mann
6. *Mother's Maiden Name* Annie C. Eader
7. *Mother's Birthplace* Maryland (Frederick)
8. *Full Name of Father* Chas B Mann
9. *Father's Occupation* Patent Solicitor
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. Edmund P Walker M D

Address 183 Linden Avenue

Remarks L O A. 3 hrs - cord around neck

RETURN OF A BIRTH.

29859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 10 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 8th 1879
4. *Place of Birth (Street and Number)*	No 242 Montgomery st
5. *Full Name of Mother*	Fredricka Kreuter
6. *Mother's Maiden Name*	Deitrich
7. *Mother's Birthplace*	America
8. *Full Name of Father*	John Kreuter
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	330 Hanover st.
Remarks	

RETURN OF A BIRTH.

29860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1879
4. *Place of Birth (Street and Number)* No 368 Hanover st
5. *Full Name of Mother* Francisca Eckhardt
6. *Mother's Maiden Name* Kiechens
7. *Mother's Birthplace* America
8. *Full Name of Father* Charles Eckhardt
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schnaggder midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1879
4. *Place of Birth (Street and Number)* No 180 Hamburg st
5. *Full Name of Mother* Auguste Schneidler
6. *Mother's Maiden Name* Griss
7. *Mother's Birthplace* America
8. *Full Name of Father* Andrew Schneider
9. *Father's Occupation* Plumer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 330 Hanover st.

Remarks

29862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* 8 March 1879
4. *Place of Birth (Street and Number)* 45 Steel St
5. *Full Name of Mother* Johanna Bord
6. *Mother's Maiden Name* Weber
7. *Mother's Birthplace* U S
8. *Full Name of Father* Robert G Bord
9. *Father's Occupation* Conductor
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29863

HEALTH DEPARTMENT
MAR
20
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	(White)
3. *Date of Birth*	8th March
4. *Place of Birth (Street and Number)*	5 Randall st
5. *Full Name of Mother*	Sarah Hissy
6. *Mother's Maiden Name*	" Hutter
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Geo. Hissy
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	R. L. P. Emich M.D.
Address	315 Light St.
Remarks	

29864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 8th Mch

4. Place of Birth (Street and Number) 141 West

5. Full Name of Mother Jennie Murray

6. Mother's Maiden Name " Denny

7. Mother's Birthplace Maryland

8. Full Name of Father John Murray

9. Father's Occupation Plumber

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29865

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Fifty Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6h A.M. 8th March, 1879.
4. Place of Birth (Street and Number)	395 Franklin St Baltimore City
5. Full Name of Mother	Emma Wright Bell
6. Mother's Maiden Name	Emma Wright
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Louis Bell
9 Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City, Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm. I. Brooks M.D.
Address	148 W. Howard St
Remarks	

RETURN OF A BIRTH.

29866

HEALTH DEP
MAR
19
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 5th 1879
4. *Place of Birth (Street and Number)* 218 E. Bond St.
5. *Full Name of Mother* Bertha Lowenberg
6. *Mother's Maiden Name* " Eisfelder
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Solomon Lowenberg
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

RETURN OF A BIRTH.

29867

HEALTH DEP
MAR
19
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1879
4. *Place of Birth (Street and Number)* No 161 S. Chas st.
5. *Full Name of Mother* Anna S Gebhart
6. *Mother's Maiden Name* " S Sherman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Gebhart
9. *Father's Occupation* Segar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address 245 Eastern ave

Remarks

RETURN OF A BIRTH.

29868

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1879
4. *Place of Birth (Street and Number)* 383 Canton Avenue
5. *Full Name of Mother* Mary Holste
6. *Mother's Maiden Name* Mary Zimmermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Arnold. Holste Jr
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Bremen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

29869

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8
4. *Place of Birth (Street and Number)* 50 Penn Ave
5. *Full Name of Mother* Marie Caffin
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* France
8. *Full Name of Father* Auguste Caffin
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Paris

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address 114 Park Ave

Remarks Child premature - seven months - lived but a short time

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29870

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th March 1879
4. Place of Birth (Street and Number)	264 E. Eutaw St.
5. Full Name of Mother	Augusta G. Walters
6. Mother's Maiden Name	Mary G. Lattle
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William L. Walters
9. Father's Occupation	B. & O. R.R. Conductor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walters
Address	264 E. Eutaw St.
Remarks	Baltimore City

29871

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th of March 1879
4. Place of Birth (Street and Number)	301 E. Monument
5. Full Name of Mother	C. A. Stronge
6. Mother's Maiden Name	C. A. Hartman
7. Mother's Birthplace	Balto City
8. Full Name of Father	John T. Stronge
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walsh
Address	135 W. Cow
Remarks	Balto City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 8 March
4. *Place of Birth (Street and Number)* 249 Sharp
5. *Full Name of Mother* Mary Magdalena Catendoy
6. *Mother's Maiden Name* Mary Magdalena Degenhardt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Catendoy
9. *Father's Occupation*
10. *Father's Birthplace* Oldenburger

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Schroter

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29873

MAR 22 1879

HEALTH BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Give
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8th/79
4. *Place of Birth (Street and Number)* Balto Co
5. *Full Name of Mother* Anna P. Glisman
6. *Mother's Maiden Name* Anna Pack
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Henry Glisman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address # 171 S Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29874

APR 23 79

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th March. 1879
4. *Place of Birth (Street and Number)* 41 Burke
5. *Full Name of Mother* Kate Sommers.
6. *Mother's Maiden Name* Kate Kerr.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Sommers
9. *Father's Occupation* ~~Baltimore~~ Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Michelmann mother law

Address 41

Remarks Motherinlaw attendent and didn know It had to be reported

RETURN OF A BIRTH.

29875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 March 1879
4. *Place of Birth (Street and Number)* 122 Pratt St
5. *Full Name of Mother* Margaretha Conway
6. *Mother's Maiden Name* Pris
7. *Mother's Birthplace* M D
8. *Full Name of Father* Peter Conway
9. *Father's Occupation* Oyster Packer
10. *Father's Birthplace* M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 82 E Lombard St

Remarks

RETURN OF A BIRTH.

29976

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 9th 1879
4. *Place of Birth (Street and Number)* 138 Battery Ave
5. *Full Name of Mother* Molindia E. Reynolds
6. *Mother's Maiden Name* Molindia E. Drenner
7. *Mother's Birthplace* Hagerstown Md
8. *Full Name of Father* James F. Reynolds
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29377

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 9th 1879
4. *Place of Birth (Street and Number)* Ridgley St #135
5. *Full Name of Mother* Barbara Nighhard
6. *Mother's Maiden Name* Mueller Mueller
7. *Mother's Birthplace* Kur-Hessen Germany
8. *Full Name of Father* John Nighhard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29875

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 9th 1879
4. *Place of Birth (Street and Number)*	223 Patterson Avenue
5. *Full Name of Mother*	Alverda Eaton
6. *Mother's Maiden Name*	Alverda Burns
7. *Mother's Birthplace*	Balt. Md.
8. *Full Name of Father*	Jno. H. Eaton
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20870

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	March 11th 79
4. *Place of Birth (Street and Number)*	No 3 Dartoga court
5. *Full Name of Mother*	Mary Wise
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Accomack county Virginia
8. *Full Name of Father*	father unknown
9. *Father's Occupation*	unknown
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Mary jane Richardson
Address	No 212 dover st between dover alley and fremont st
Remarks	it a fine healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 12 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	March 9th 1879.
4. *Place of Birth (Street and Number)*	132 Preston St.
5. *Full Name of Mother*	Mary Marsden.
6. *Mother's Maiden Name*	O'Brien.
7. *Mother's Birthplace*	Ireland.
8. *Full Name of Father*	James Henry Marsden.
9. *Father's Occupation*	Policeman.
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

29881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored.
3. *Date of Birth*	9th march
4. *Place of Birth (Street and Number)*	31 Wags st
5. *Full Name of Mother*	Laura Thomas
6. *Mother's Maiden Name*	Laura Wad off
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Hyll Thomas.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Willy Gross.
Address	1551 York st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

29882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female health
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 9th of March 1879
4. *Place of Birth (Street and Number)* No 94 Pason St.
5. *Full Name of Mother* S. Sour
6. *Mother's Maiden Name* S. Wurner
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* William Sower
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City of Balto.

Name of Medical Attendant, or other Person who makes this return Mrs. Hiller

Address 1017 West Pratt St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 56

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth March 9. 1879
4. Place of Birth (Street and Number) S. Register No 54.
5. Full Name of Mother Genoveva Kircher
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace Kurhessen
8. Full Name of Father Anton Kircher
9. Father's Occupation Warnischer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raapach

Address S. Wolfe No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7 6

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 9. 1879

4. Place of Birth (Street and Number) S. Roestel str No 8

5. Full Name of Mother Katharina Spender

6. Mother's Maiden Name Schneider

7. Mother's Birthplace Baltimore

8. Full Name of Father David Spender

9. Father's Occupation Sebner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Raupach

Address S. Wolf str No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9 March 1879
4. *Place of Birth (Street and Number)* 34 Fayette St
5. *Full Name of Mother* Rose Brand
6. *Mother's Maiden Name* Longenmeier
7. *Mother's Birthplace* U S
8. *Full Name of Father* Charles Brand
9. *Father's Occupation* Taylor
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29886

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second.

1. *Sex (state whether male or female)* female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* March 7th.
4. *Place of Birth (Street and Number)* 411 E. Fayette St.
5. *Full Name of Mother* Anna Eadle.
6. *Mother's Maiden Name* Anna Lydecker.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Eugene Eadle.
9. *Father's Occupation* Pharmacist.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

29857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.te
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	9th of March 1879
4. *Place of Birth (Street and Number)*	No 125 South Fremont Str
5. *Full Name of Mother*	Mary, Elizabeth. Einwaechter
6. *Mother's Maiden Name*	Mary. Elisabeth. Weyrich
7. *Mother's Birthplace*	Baltimore M. D.
8. *Full Name of Father*	George. Alexander. Einwaechter
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore. M. D.
Name of Medical Attendant, or other Person who makes this Return.	Anne Dunbar
Address	60 Shroder St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

24888

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether male or female)* ..... Male
2. *Race or Color (if not of the white race)* .....
3. *Date of Birth* ..... 9 of March 1879
4. *Place of Birth (Street and Number)* ..... 68 Ridgely St.
5. *Full Name of Mother* ..... Mary Ruhland.
6. *Mother's Maiden Name* ..... Mary Wagner
7. *Mother's Birthplace* ..... Baltimore
8. *Full Name of Father* ..... Jacob H. Ruhland.
9. *Father's Occupation* ..... Carpenter.
10. *Father's Birthplace* ..... Germany.

Name of Medical Attendant, or other Person who makes this Return. ..... Katharine Münch

Address ..... 98 Lardenhallstrit

Remarks .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.9889

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 10. 1879

4. Place of Birth (Street and Number) N. E. Exeter St

5. Full Name of Mother Margaret Carter

6. Mother's Maiden Name Taylor

7. Mother's Birthplace Basingstoke - Hampshire - England

8. Full Name of Father Robert Carter

9. Father's Occupation Solicitor's Clerk

10. Father's Birthplace Greenwich Kent County - England

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

Name of Medical Attendant, or other Person who makes this Return. Albert B. Lyerson M. D.

Address 375 E. Baltimore St.

Remarks

RETURN OF A BIRTH.

2,9896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10. 1879.
4. *Place of Birth (Street and Number)* Warren Ave.
5. *Full Name of Mother* Annie Fowler.
6. *Mother's Maiden Name* Annie Andrews
7. *Mother's Birthplace* Sutton N. H.
8. *Full Name of Father* Edward S Fowler
9. *Father's Occupation* Conveyancer
10. *Father's Birthplace* Warren Ave Md

Name of Medical Attendant, or other Person who makes this Return. T. Dougherty M.D.

Address 178 Penn Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Four Dollars in the City of Baltimore.

RETURN OF A BIRTH.

29891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAR 14 1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 10 th 1879
4. *Place of Birth (Street and Number)*	" No 100 Henrietta st
5. *Full Name of Mother*	Agnas Herfing Schubert
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	" Germany
8. *Full Name of Father*	Wilhelm Herfing
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohyaspar midwife
Address	330 Hanover st.
Remarks	

29892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White " "
3. *Date of Birth* march 10 1879
4. *Place of Birth (Street and Number)* 287 Bank st
5. *Full Name of Mother* Kate hart
6. *Mother's Maiden Name* Kate white
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles J hart
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner [illegible]

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fish (5)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ~~Mon 10th 1879~~ White
3. Date of Birth " Mch 10th 1879
4. Place of Birth (Street and Number) No 60 Crop. St
5. Full Name of Mother Eliza Fish "
6. Mother's Maiden Name " Wolf
7. Mother's Birthplace
8. Full Name of Father Robt Fish
9. Father's Occupation House Carpenter
10. Father's Birthplace A A Co Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake M.D.

Address 1140 Scott St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29894

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child of Baltimore

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st March 1879
4. *Place of Birth (Street and Number)* Baltimore Bohemian No 1
5. *Full Name of Mother* Kolhonak Colt
6. *Mother's Maiden Name* Grobe
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Grove
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. Mr Koptis

Address 69

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The sixth child.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 10 March. 1879
4. *Place of Birth (Street and Number)* Arlington ave No 11.
5. *Full Name of Mother* Louise Frantz.
6. *Mother's Maiden Name* Louise Dribbsdorf
7. *Mother's Birthplace* Bremen " Germany
8. *Full Name of Father* Herman C Frantz.
9. *Father's Occupation* Grocery store
10. *Father's Birthplace* Mecklenburg

Name of Medical Attendant, or other Person who makes this Return. Miss Dunmiller

Address No 60 Thunder st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29896

HEALTH DEPARTMENT
MAR 26 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colard

3. Date of Birth Baltimore March 10th

4. Place of Birth (Street and Number) Baltimore Chinee st No 51

5. Full Name of Mother Laura Jones

6. Mother's Maiden Name " Wilson

7. Mother's Birthplace Baltimore

8. Full Name of Father Tomas Jones

9. Father's Occupation Stuard

10. Father's Birthplace Alburry

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
9
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 March
4. *Place of Birth (Street and Number)* 15 Point Lane
5. *Full Name of Mother* Maria Weigel
6. *Mother's Maiden Name* " Löhm
7. *Mother's Birthplace* Brewerian
8. *Full Name of Father* Mathias Weigel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Brewerian

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29898

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th March 1879
4. *Place of Birth (Street and Number)* Balto Co.
5. *Full Name of Mother* Maggie Eckhart Kelly
6. *Mother's Maiden Name* Maggie Eckhart.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Chris Kelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Quinn

Address 171 E Washington St.

Remarks

RETURN OF A BIRTH.

29869

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth March 19th 1879

4. Place of Birth (Street and Number) Patterson Street No 25.

5. Full Name of Mother Franziska Schneider

6. Mother's Maiden Name Franziska Thumann

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Wilhelm Schneider

9. Father's Occupation Cooper

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Chas Krause

Address No 114 Battery Pl

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Fifty Dollars in the City of Baltimore.

RETURN OF A BIRTH.

29900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Statutes of the City of Baltimore.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)	
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	
3. Date of Birth	March 11. 1879
4. Place of Birth (Street and Number)	S. Washington str No 21.
5. Full Name of Mother	Rebeka Grunewald
6. Mother's Maiden Name	Demme
7. Mother's Birthplace	New Jersey City
8. Full Name of Father	Georg Grunewald
9. Father's Occupation	Plaster
10. Father's Birthplace	Anne Roundel Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Joh. Rauprich
Address	S. Wolf str No 28
Remarks	

29901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11th
4. Place of Birth (Street and Number)	253 E. Chase St
5. Full Name of Mother	Sarah Stewart
6. Mother's Maiden Name	McCann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Stewart
9. Father's Occupation	
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29902

HEALTH DEPT. MAR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Eleventh of March
4. Place of Birth (Street and Number)	Eden st No. 242
5. Full Name of Mother	Mary Emkey
6. Mother's Maiden Name	Mary Schreufer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Martines Emkey
9. Father's Occupation	Tyche Setter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dorothea Spare
Address	No 255 Eager st,
Remarks	This Child died with Spasemes one Hour after Birth

RETURN OF A BIRTH.

99903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th March
4. *Place of Birth (Street and Number)* 237 Madison st.
5. *Full Name of Mother* Caroline Lyons
6. *Mother's Maiden Name* Caroline Schultz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Watson Lyons
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Ball

Address No 185 Central Ave cor Lanvale

Remarks All well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29904

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 March
4. Place of Birth (Street and Number)	46 Buren St
5. Full Name of Mother	Mary E Brown
6. Mother's Maiden Name	J McCormick
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Schrimmer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

29905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE.

. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether Male or Female) female

Race or Color (if not of the white race) white race

Date of Birth March the 11

Place of Birth (Street and Number) Baltimore fort av 1 yr

Full Name of Mother ann English

Mother's Maiden Name ann townsend

Mother's Birthplace anraldle Co

Full Name of Father William English

Father's Occupation laber

Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address No 42 fort av

Remarks

RETURN OF A BIRTH.

29906

HEALTH DEPARTMENT BALTIMORE MAR 13 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	X 7. d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	11 of march 1879
4. Place of Birth (Street and Number)	N. 30 Abbott St. Balto. City
5. Full Name of Mother	Barbora Kluna.
6. Mother's Maiden Name	B. Zarounek.
7. Mother's Birthplace	Bohemia.
8. Full Name of Father	Josef Kluna.
9. Father's Occupation	Gaberer.
10. Father's Birthplace	Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Katerena Zarounek
Address	N. 41. Abbott St. Balto City
Remarks	Born Live.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

29907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. Child.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth 11th of March 1879.
4. Place of Birth (Street and Number) No. 62 York. Street.
5. Full Name of Mother Kate. Kane.
6. Mother's Maiden Name Kate. Corbitt.
7. Mother's Birthplace Ireland.
8. Full Name of Father John Kane.
9. Father's Occupation Bricklayer.
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Scarborough.

Address No. 220 Montgomery Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29908

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 11th
4. Place of Birth (Street and Number)	222 Battery Avenue
5. Full Name of Mother	Rosetta Louisa Skinner
6. Mother's Maiden Name	Kirkwood
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Philemon Skinner
9. Father's Occupation	Machine Shop.
10. Father's Birthplace	Caroline County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Conway.
Address	
Remarks	

29909

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5 t

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth March 11. 1879
4. Place of Birth (Street and Number) S. Durham str 128
5. Full Name of Mother Katharina Fleert
6. Mother's Maiden Name Ritter
7. Mother's Birthplace Uederzell Hessen
8. Full Name of Father Johann Fleert
9. Father's Occupation Blacksmith
10. Father's Birthplace Salzdeken Wittenberg

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Baumbach

Address S. Wolfe str No 28

Remarks Wm. Baumbach

RETURN OF A BIRTH.

29910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11th 1879
4. *Place of Birth (Street and Number)* 14 Wall st.
5. *Full Name of Mother* Annie Murphy
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Murphy
9. *Father's Occupation* Smith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. R. & P. Smith

Address 316 Light St.

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Eleventh March, 1879
4. *Place of Birth (Street and Number)* No 76 Bank St.
5. *Full Name of Mother* Mrs. Sarah M. Roberts
6. *Mother's Maiden Name* Miss Sarah M. Duncan
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. William E. Roberts
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. William H. Clendinen

Address No. 107 North Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 26 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11th 1879
4. Place of Birth (Street and Number)	69 South Appleton St. Balto. Md.
5. Full Name of Mother	Mrs. Magdalena Boone
6. Mother's Maiden Name	Mrs. Magdalena Keer
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	John Boone
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Frederick City Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Mercer
Address	No. 136 N. Gilmor St. Balto. Md.
Remarks	The child at this time is both healthy.

29913

HEALTH DEPA
MAR
19
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 11th 1879
4. *Place of Birth (Street and Number)* No 27 Clay St.
5. *Full Name of Mother* Fabr Sarah Berem
6. *Mother's Maiden Name* " Erada
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Joseph Berem
9. *Father's Occupation* Peanut vender
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Beth

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

299111

HEALTH DEPT
MAR 19
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 of March 1879
4. *Place of Birth (Street and Number)* No 116 Bantam Av
5. *Full Name of Mother* Matilda easley easley
6. *Mother's Maiden Name* Matilda sipple
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William easley
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks Called in Docter Mahane

29913

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 March 1879
4. *Place of Birth (Street and Number)* Baltimore Washington St. N.
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* Hoyt
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Charles Hoyt
9. *Father's Occupation* Baitor
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 69 Washington

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29916

HEALTH DEPT. MAR 22 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11th 1879
4. *Place of Birth (Street and Number)* # 324 Eastern Ave
5. *Full Name of Mother* B. M. Behrens
6. *Mother's Maiden Name* B. May
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Manus Behrens
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Timms

Address # 171 S. Washington St.

Remarks

RETURN OF A BIRTH.

2.9917

To the Office of Registrar of Vital Statistics, Board of Health.

MAR 22 1879 BALTIMORE

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 16 1879
4. *Place of Birth (Street and Number)*	No 6 Ann St
5. *Full Name of Mother*	E R Menkel
6. *Mother's Maiden Name*	E. Ritzens
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Geo Menkel
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 1710 Wash St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BIRTH DEPA
APR 3 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first one.

1. *Sex (state whether male or female)* male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 11th March.
4. *Place of Birth (Street and Number)* No 135 Henrietta Str.
5. *Full Name of Mother* Magdalena Farber
6. *Mother's Maiden Name* Magdalena Grassmader (Kleichen)
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Farber.
9. *Father's Occupation* Varnicher.
10. *Father's Birthplace* Germany (Guthenbergs)

Name of Medical Attendant, or other Person who makes this Return. Katharina Munch

Address 98 Frauenhallst

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE HEALTH DEPARTMENT APR 17 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11th 1879
4. *Place of Birth (Street and Number)* 461 Canton Avenue
5. *Full Name of Mother* Matilda Easley
6. *Mother's Maiden Name* " Sipple
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* William H. Easley
9. *Father's Occupation* Shipwright
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this return James J. McShane M.D.

Address 68 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 March
4. *Place of Birth (Street and Number)* 325 N. Gay Str
5. *Full Name of Mother* Maria Kaspar
6. *Mother's Maiden Name* " Wyscot.
7. *Mother's Birthplace* Nadejkov Bohemia
8. *Full Name of Father* Josef Kaspar
9. *Father's Occupation* Schoemacker
10. *Father's Birthplace* Kyska Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes Str

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 11th March
4. Place of Birth (Street and Number) 114 Hanover st
5. Full Name of Mother Rebecca Myer
6. Mother's Maiden Name R Blumenthal
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard Myer
9. Father's Occupation Dentist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Webstup M.D.

Address 57 Barnes

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29922

HEALTH DEPARTMENT
MAR 21 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th of March.
4. *Place of Birth (Street and Number)* Federal St. no. 17.
5. *Full Name of Mother* Eliza Louise.
6. *Mother's Maiden Name* Peterman
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Neal House.
9. *Father's Occupation* Conductor.
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29993

HEALTH DEPARTMENT
MAR 18 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* W.
3. *Date of Birth* March 12 1879
4. *Place of Birth (Street and Number)* No. 83 Orleans St
5. *Full Name of Mother* Molly Lehman
6. *Mother's Maiden Name* " Sepp
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mike Lehman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No. 55 S. Bond St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29921

HEALTH DEPART
MAR
18
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 8

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 12th 1879
4. *Place of Birth (Street and Number)* No 174 Mongomery St
5. *Full Name of Mother* Henrietta Thomas
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto County Maryland
8. *Full Name of Father* James Thomas
9. *Father's Occupation* [redacted] Labourer
10. *Father's Birthplace* Balto County Maryland

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address No 71 Burgundy Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29925

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th March 1879
4. *Place of Birth (Street and Number)* 263 Preston st
5. *Full Name of Mother* Katherina Kapes
6. *Mother's Maiden Name* " Lamm
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Kapes
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

29926

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 12. 1879.
4. *Place of Birth (Street and Number)* S. Register St. No 71.
5. *Full Name of Mother* Elisabetha Brilling
6. *Mother's Maiden Name* Elisabetha Beier
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Brilling
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 March 1, 2 d. 1879
4. *Place of Birth (Street and Number)* Harfort av. Baundre av. Corr
5. *Full Name of Mother* Kathrine Wagner
6. *Mother's Maiden Name* Kathrine Seell
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Lui Wagner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond str.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 12th March 79.
4. Place of Birth (Street and Number) 92 Holland St.
5. Full Name of Mother Sarah Stuart
6. Mother's Maiden Name Sarah Thomas
7. Mother's Birthplace Sommerset County Md.
8. Full Name of Father ~~Labor~~ James Stuart
9. Father's Occupation Laborer
10. Father's Birthplace Sommerset County Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Walker

Address 184 S Durham St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 12th 1879

4. Place of Birth (Street and Number) 207 Md Ave

5. Full Name of Mother Sallie C Guest

6. Mother's Maiden Name Sallie Campbell

7. Mother's Birthplace Phila

8. Full Name of Father George Guest

9. Father's Occupation Broker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address 108 Cathedral Street

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29930

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1879
4. Place of Birth (Street and Number)	414 N. Gay Street
5. Full Name of Mother	Theresa M. Frost
6. Mother's Maiden Name	Theresa M. Thalen
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John A. Frost
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dina Hillegeist
Address	East Monument St
Remarks	

RETURN OF A BIRTH.

29931

HEALTH DEPT. MAR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 12th 79.
4. *Place of Birth (Street and Number)*	174 Conway st.
5. *Full Name of Mother*	Louisa Hecht
6. *Mother's Maiden Name*	Bald
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Louis Hecht
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Hesse – Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 12th 1879
4. *Place of Birth (Street and Number)* 258 N. Calhoun St
5. *Full Name of Mother* Mary Johenning
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Johenning
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenrche (Midwife)

Address 220 Preston St.

Remarks Died after living nine hours it being an eight Months Child —

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of March 1879
4. *Place of Birth (Street and Number)* 61 North Ann st
5. *Full Name of Mother* Louise Demuth
6. *Mother's Maiden Name* Louise Luers
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ino Luers
9. *Father's Occupation* Labor man
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cersentia Kunkel

Address 74 North Chappel st for Ion Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

299344

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Wednesday March 12th 1879
4. *Place of Birth (Street and Number)*	125 Lemmont Ave
5. *Full Name of Mother*	Mary ~~Waggoner~~ Bloomfield
6. *Mother's Maiden Name*	Mary Waggoner
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Charles Bloomfield
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	St Louis Mo.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	269 N. Carlin St
Remarks	"Vertex Presentation"

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29935

HEALTH DEPARTMENT
13 1
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 12 1879
4. *Place of Birth (Street and Number)* Maternity Hospital
5. *Full Name of Mother* Laura Anderson
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ind.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Stark McHenry M.D.

Address Maternity Hospital

Remarks Labor precipitate, cord four times around neck, both doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Recorded by Vital Statistics in the City of Baltimore.

29936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March. 12 1879
4. *Place of Birth (Street and Number)* Maternite Hospital
5. *Full Name of Mother* Mary Pennington
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett Md. House Phys.

Address Maternite Hospital

Remarks Position R. O. I. P. both doing well

Vital Record of Vital Statistics in the City of Baltimore.

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29937

HEALTH DEPARTMENT
MAR 13 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of March 1879
4. *Place of Birth (Street and Number)* 812 East Baltimore st
5. *Full Name of Mother* Ani Reed
6. *Mother's Maiden Name* Ani Dapp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles H Dapp
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st p. John Kunkel

Remarks Healthy. p

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29938

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 March 92 Greenmount Ave
4. *Place of Birth (Street and Number)* Margaret Witifield
5. *Full Name of Mother* Combs
6. *Mother's Maiden Name* Baltimore
7. *Mother's Birthplace* Edward Witifield
8. *Full Name of Father* Coach Painter
9. *Father's Occupation* Baltimore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Orrula J. Chrisner

Address No 7 Forrest Place

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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29939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 March
4. *Place of Birth (Street and Number)* 137 McElderyst
5. *Full Name of Mother* Mary Hugg
6. *Mother's Maiden Name* Mary Irvin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* A. J. Hugg
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address No 185 Central Av cor Monument St

Remarks All well

Vital Record of Vital Statistics in the City of Baltimore.

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29940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 March
4. *Place of Birth (Street and Number)* Little Spring st no number
5. *Full Name of Mother* Mary Hildabrandt
6. *Mother's Maiden Name* Mary Oneil
7. *Mother's Birthplace* New York
8. *Full Name of Father* Konrad Hildabrandt
9. *Father's Occupation* Hostler
10. *Father's Birthplace* at sea

Name of Medical Attendant, or other Person who makes this Return. M. S. Butt

Address No 185 Central Av cor Monument

Remarks All well

Vital Record of Vital Statistics in the City of Baltimore.

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29941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 8 6

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 12. 1879

4. Place of Birth (Street and Number) S. Wolfstr No 162

5. Full Name of Mother Margaretha Meier

6. Mother's Maiden Name Henkel

7. Mother's Birthplace Bremen Sachsen Weimar

8. Full Name of Father Frank Meier

9. Father's Occupation Backer

10. Father's Birthplace Forten Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address S. Wolfstr No 28

Remarks Midwife

Perfect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29942

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth 12th March, 1879

4. Place of Birth (Street and Number) 354 Lexington St

5. Full Name of Mother Rosa Cohen

6. Mother's Maiden Name Rosa Grinsfelder

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Solomon Cohen

9. Father's Occupation Dry Goods Merchant

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Dr. T. Howard

Address

Remarks

29943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child of Bal

1. *Sex (state whether male or female)* girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th March 1879
4. *Place of Birth (Street and Number)* Baltimore Charlotte No 492
5. *Full Name of Mother* Hoyer
6. *Mother's Maiden Name* B Topfer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Rosh Topfer
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Kopitsch

Address 69 Washington St

Remarks Baltimore Md

Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29944

HEALTH DEPARTMENT MAR 19 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12 th 1879
4. *Place of Birth (Street and Number)* Johnson St. No. 180
5. *Full Name of Mother* Mary Bosle
6. *Mother's Maiden Name* Mary Rogers
7. *Mother's Birthplace* New York
8. *Full Name of Father* Charles Henry Bosle
9. *Father's Occupation* Schiff Karpenter
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Fabena Grishaber

Address No 128 West St.

Remarks ~~00~~

29945

RETURN OF A BIRTH.

HEALTH MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 12th 1879
4. *Place of Birth (Street and Number)* No 38 N Front St
5. *Full Name of Mother* Elizabeth C Miller
6. *Mother's Maiden Name* " " Maxwell
7. *Mother's Birthplace* Indiana
8. *Full Name of Father* Joseph H Miller
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return J Ridgway Andre M D

Address No 121 E J Balto St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of March 1879
4. *Place of Birth (Street and Number)* 112 Warner St
5. *Full Name of Mother* Nettie Heddrich
6. *Mother's Maiden Name* " " Fleich
7. *Mother's Birthplace* Schlitz Hessen Europe
8. *Full Name of Father* Henry Heddrich
9. *Father's Occupation* Merchant. Tailor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 18 Leadenhall Ave

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2994

HEALTH DEPARTMENT
MAR
21
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth 13th of March.
4. Place of Birth (Street and Number) Belvidere St.
5. Full Name of Mother Ella Aul.
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Francis Aul.
9. Father's Occupation Miller.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 319 Cathedral St

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29948

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13
4. *Place of Birth (Street and Number)* In 72 Granby Ct
5. *Full Name of Mother* Mary Relleker
6. *Mother's Maiden Name* Gal
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* George Relleker
9. *Father's Occupation* Farmisher
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address 55 N Bond St

Remarks

29949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13th of March 1879
4. Place of Birth (Street and Number)	119 Saratoga St.
5. Full Name of Mother	Lena Lautner
6. Mother's Maiden Name	Lena Litz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Lautner
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindner
Address	45 Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 29950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

...of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

...x (state whether Male or Female) female

...ace or Color (if not of the white race) white race

...te of Birth March the 19

...lace of Birth (Street and Number) locust point Cooksley st Baltimore

...ull Name of Mother Metilday Catharine snyder

...other's Maiden Name Desilds

...other's Birthplace Baltimore

...ull Name of Father John snyder

Father's Occupation labor

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address fort av No 72

Remarks

...Vital Statistics in the City of Balti...

29951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 March 1879
4. *Place of Birth (Street and Number)* Little Harnen
5. *Full Name of Mother* Prata
6. *Mother's Maiden Name* U. S.
7. *Mother's Birthplace* Albemarle Pa
8. *Full Name of Father* James Harnen
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

rect Reco... ...stics in the City of ...

That any physician, accoucheur, midwife, or other person in charge, who sha... ...nd, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 13 1879.
4. Place of Birth (Street and Number)	83½ Franklin St.
5. Full Name of Mother	Lucy T. McKenzie.
6. Mother's Maiden Name	Lucy T. Emory.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Geo. N. McKenzie Jr.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	227 Carrollton Ave.
Remarks	Child Healthy.

Vect Record of Vital Statistics in the City of Baltimore.

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29953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 March
4. *Place of Birth (Street and Number)* 466 E. Monument St.
5. *Full Name of Mother* Henrietta Kühlmann
6. *Mother's Maiden Name* Henrietta Walter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Kühlmann
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Hässen Darmstadt Ger.

Name of Medical Attendant, or other Person who makes this Return. M. A. Ruth

Address No 185 Central Av cor Monument St

Remarks All well

reet Record of Vital Statistics in the City of Baltimore.

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29954

HEALTH DEPARTMENT
MAR 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* th 13 of March 1879
4. *Place of Birth (Street and Number)* No 5 St James St
5. *Full Name of Mother* Mary Jones
6. *Mother's Maiden Name* Mary Jones
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John Henry Jones
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Rosetta Walker

Address No 70 Chestnut Street

Remarks None And Still doing well

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29955

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 13th
4. *Place of Birth (Street and Number)* 216 Conway St
5. *Full Name of Mother* Catherine Freyfirth
6. *Mother's Maiden Name* Lobb
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Philip Freyfirth
9. *Father's Occupation* Cutter H.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Seebach

Address 439 N Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. MAR 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th of March. 1879
4. Place of Birth (Street and Number)	297. Monument. cot.
5. Full Name of Mother	A. Hall
6. Mother's Maiden Name	A. Magner
7. Mother's Birthplace	Balto City
8. Full Name of Father	A. Hall.
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mary Wells
Address	125 N. Caroline
Remarks	Balto City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 20 1879 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Mch 18 79.
4. Place of Birth (Street and Number) Baltimore Mch. No 186 Raborg st
5. Full Name of Mother Louisa Francis Brown
6. Mother's Maiden Name " " Jacobs
7. Mother's Birthplace Sandy Hill Maryland
8. Full Name of Father Joseph Absalom Brown
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return. Maria Parraway

Address No. 95 Raborg St Baltimore Md.

Remarks

RETURN OF A BIRTH.

29958

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 13th 1879
4. *Place of Birth (Street and Number)* No 193 Lee st
5. *Full Name of Mother* Margareth Kramer
6. *Mother's Maiden Name* Kroeger
7. *Mother's Birthplace* America
8. *Full Name of Father* Frank Kramer
9. *Father's Occupation* America
10. *Father's Birthplace* Storekeeper

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29959

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 13th 1879
4. *Place of Birth (Street and Number)* No 106 Green Mount Avenue
5. *Full Name of Mother* Mary Gerhold
6. *Mother's Maiden Name* Mary Stertzer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles H. Gerhold
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return J. Ridgway Andrews

Address No 121 E Balto St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

29960

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13th 1879
4. *Place of Birth (Street and Number)* N 202 Argyle ave
5. *Full Name of Mother* Julia Curley Bridener
6. *Mother's Maiden Name* Julia Curley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Bridener
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Whatan M.D.

Address N 114 Park ave

Remarks

29961

RETURN OF A BIRTH.

HEALTH DEPT. APR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 13th 1879
4. *Place of Birth (Street and Number)*	Hanover St 348
5. *Full Name of Mother*	Martha P Thresh
6. *Mother's Maiden Name*	Martha P McElroy
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	George R Thresh
9. *Father's Occupation*	Fireman
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Margaret A Richmond
Address	185 Lee St Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 13th 1879
4. Place of Birth (Street and Number) 362 Sharp st
5. Full Name of Mother Louisa Vogelwaid
6. Mother's Maiden Name " Martin
7. Mother's Birthplace Baltimore
8. Full Name of Father John Vogelwaid
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katherina Muench

Address 98 Leadenhall st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 13th 1879
4. *Place of Birth (Street and Number)* 63 Mulberry Street
5. *Full Name of Mother* Mary Theresa Metzung
6. *Mother's Maiden Name* " " Wernsette
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John W. Metzung
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Meseweke Midwife

Address 220 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

299614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29965

HEALTH DEPT. MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 of May.
4. Place of Birth (Street and Number) No 93 Lexington St
5. Full Name of Mother Fong Sam
6. Mother's Maiden Name Fong Bow Rosenting
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard
9. Father's Occupation Mr Rosenting
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sauer

Remarks 177 Hanover

RETURN OF A BIRTH.

29966

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* March 14th 1879
4. *Place of Birth (Street and Number)* 7 1/2 Franklin St.
5. *Full Name of Mother* Elizabeth P. Groesbeck,
6. *Mother's Maiden Name* " " P. Perry,
7. *Mother's Birthplace* Columbus, Ohio
8. *Full Name of Father* Herman J. Groesbeck,
9. *Father's Occupation* Physician
10. *Father's Birthplace* Cincinnati, Ohio,

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29967

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th March 1879
4. *Place of Birth (Street and Number)* 75 Pennsylvania Avenue
5. *Full Name of Mother* Maria Blum
6. *Mother's Maiden Name* " Hensel
7. *Mother's Birthplace* Gumany
8. *Full Name of Father* Hubert Blum
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigenbrodt

Address 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29968

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female Child
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth march the 14.18.79
4. Place of Birth (Street and Number) bradford St no 5 Baltimore md
5. Full Name of Mother Lilley Watkins
6. Mother's Maiden Name Lilley Jackson
7. Mother's Birthplace Dorchester County md
8. Full Name of Father William Watkins
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Regester St Baltimore md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1879
4. Place of Birth (Street and Number)	417 Ley St
5. Full Name of Mother	Sophia F. Shedden
6. Mother's Maiden Name	Sophia F. Dawson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	W. H. Shedden
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M. D.
Address	
Remarks	

RETURN OF A BIRTH.

29970

HEALTH DEPARTMENT MAR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1879
4. Place of Birth (Street and Number)	29 Little Church st
5. Full Name of Mother	Mary Thornley
6. Mother's Maiden Name	Mary Higgins
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Thornley
9. Father's Occupation	Carper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 March
4. *Place of Birth (Street and Number)* 103 Mulligan st
5. *Full Name of Mother* Sophia Dashiel
6. *Mother's Maiden Name* Sophia Hänigan
7. *Mother's Birthplace* Hanover, Holland
8. *Full Name of Father* John F. Dashiel
9. *Father's Occupation* Watch maker
10. *Father's Birthplace* Hanover Holland

Name of Medical Attendant, or other Person who makes this Return. M. S. Ruth

Address No 185 Central Av cor Monument

Remarks All well

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 29972

MAR 24 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 14 1879

4. Place of Birth (Street and Number) No 72 N Holf St

5. Full Name of Mother Annie May Pritchard

6. Mother's Maiden Name Annie May Kelley

7. Mother's Birthplace Baltimore

8. Full Name of Father George P Pritchard

9. Father's Occupation Musician

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allen

Address 286 Lorraine St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29973

HEALTH DEPA
MAR 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* " "
3. *Date of Birth* March 14th 1879
4. *Place of Birth (Street and Number)* No 160 Madary Alley
5. *Full Name of Mother* Maggeretha Battle
6. *Mother's Maiden Name* " Zanner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Battle
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2997 11

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th fourth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 14th
4. *Place of Birth (Street and Number)*	446 E Fayette st
5. *Full Name of Mother*	Annie E. Patterson
6. *Mother's Maiden Name*	" Lawson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William F. Patterson
9. *Father's Occupation*	Ship Joiner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address	No 12 Patterson Park Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29975

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 14th 1879
4. *Place of Birth (Street and Number)* 268 Argyle Avenue
5. *Full Name of Mother* Mary J. Buchman
6. *Mother's Maiden Name* Mary J. Roleck
7. *Mother's Birthplace* Gettysburg Pennsylvania
8. *Full Name of Father* John H. Buchman
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Gettysburg Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 13-2 Townsend, cor. Argyle Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29976

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	14th March 1879
4. Place of Birth (Street and Number)	63 North Exeter St City
5. Full Name of Mother	Bertha Stern
6. Mother's Maiden Name	Bertha Greenhood
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Moses Stern
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Barbara Reice
Address	No 26 North Fredrick St.
Remarks	

RETURN OF A BIRTH.

29977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 14th 1879.
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W. Lombard St.
5. *Full Name of Mother* Hannie Riley.
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Unknown.
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. J. H. Branham M.D. House Physi

Address 163 West Lombard St.

Remarks Mother and child doing well.

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ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29978

RETURN OF A BIRTH.

HEALTH DEP APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether male or female)* Female
2. *Race or ~~Color~~ (if not of the white race)*
3. *Date of Birth* — — — March. 14 — 1879 —
4. *Place of Birth (Street and Number)* No 271 William. St.
5. *Full Name of Mother* Catharina. Oehlke.
6. *Mother's Maiden Name* " " Rillmann.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Herman. Oehlke.
9. *Father's Occupation* Drayman.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29979

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 15th 1879
4. *Place of Birth (Street and Number)* No 132 N. Eutaw St
5. *Full Name of Mother* Maggie Harrison
6. *Mother's Maiden Name* Maggie McDaniels
7. *Mother's Birthplace* Martinsburg W. Va.
8. *Full Name of Father* Lewis B. Harrison
9. *Father's Occupation* Mercantile Agency
10. *Father's Birthplace* St. Micheals Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29980

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1879
4. *Place of Birth (Street and Number)* No 137 East st
5. *Full Name of Mother* Kate Babuck
6. *Mother's Maiden Name* Kate Walsh
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Henry Babuck
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 181 E Monument st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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29981

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 16th 1879
4. Place of Birth (Street and Number) No. 368 E. Eager st
5. Full Name of Mother Lizzie Edell
6. Mother's Maiden Name Lizzie Vallandt
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Edell
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Jena Hillegist

Address No. 102 Monument st

Remarks

RETURN OF A BIRTH.

29982

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 15 1879
4. *Place of Birth (Street and Number)* 133 Hill Street
5. *Full Name of Mother* Mary Jane Lester
6. *Mother's Maiden Name* Mary Jane Wells
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* George W. Lester
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Worcester County

Name of Medical Attendant, or other Person who makes this return Millie Gross

Address 181 Wells Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29982

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* March the 15-18-79
4. *Place of Birth (Street and Number)* 73 dallas St Baltimore Md
5. *Full Name of Mother* Ellen Slatter
6. *Mother's Maiden Name* Ellen James
7. *Mother's Birthplace* Talbot County Md
8. *Full Name of Father* James Slatter
9. *Father's Occupation* oyster Shucker
10. *Father's Birthplace* Baltimore Md D

Name of Medical Attendant, or other Person who makes this Return. Lucinda Walford

Address 130 Register St Baltimore Md

Remarks

RETURN OF A BIRTH.

299811

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 15th 1879, 12½ P. M. (March 15)

4. *Place of Birth (Street and Number)* 13 S. Schroder

5. *Full Name of Mother* Mary E. McCormie

6. *Mother's Maiden Name* Mary E. Kennedy

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* John M. McCormie

9. *Father's Occupation* Paper Hanger

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant or other Person who makes this Return. Wm. Jordan M.D.

Address 632 Lexington St.

Remarks

Mother and child both doing very well.

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 16th 1879

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 15th 1879
4. *Place of Birth (Street and Number)* No 100 Thames Street
5. *Full Name of Mother* Henrietta Kuennecke.
6. *Mother's Maiden Name* Henriette Knackstedt.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* William Kuennecke.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137. S Wolfe Street.

Remarks

RETURN OF A BIRTH.

29986

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 16th 1879

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1879.
4. *Place of Birth (Street and Number)* No 41 Lancaster Street
5. *Full Name of Mother* Lisette Hoelmer.
6. *Mother's Maiden Name* Lisette Hochmann.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Hoelmer.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S Wolfe Street.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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29987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 17 L 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 March 1879
4. *Place of Birth (Street and Number)* 164 Canal St
5. *Full Name of Mother* Delle French
6. *Mother's Maiden Name* Gilmore
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John French
9. *Father's Occupation* Police officer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29988

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) ~~Male~~ 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March the 15. 18. 79.
4. Place of Birth (Street and Number) No. 22. North Howard. St. Baltimore
5. Full Name of Mother Louens Waters
6. Mother's Maiden Name Louens gater.
7. Mother's Birthplace Baltimore Counte Md.
8. Full Name of Father John Wesel gaters
9. Father's Occupation Draman
10. Father's Birthplace howard Counte. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Marz E. Shaw

Address No 44 Tyson St Baltimore. Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

29989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether male or female)*	~~Male~~ Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15 March
4. *Place of Birth (Street and Number)*	No 129 Spring alt
5. *Full Name of Mother*	M. Miller
6. *Mother's Maiden Name*	M. Brandt.
7. *Mother's Birthplace*	Switzerland
8. *Full Name of Father*	C. Miller
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Darmstadt G.
Name of Medical Attendant, or other Person who makes this Return.	M. L. Bell
Address	No 185 Central Av cor Monument
Remarks	All well

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 March
4. *Place of Birth (Street and Number)* Bel Air Av.
5. *Full Name of Mother* Anna Klauenberg
6. *Mother's Maiden Name* Anna Kaiser
7. *Mother's Birthplace* Hanover Holland
8. *Full Name of Father* John Klauenberg
9. *Father's Occupation* Leather Dealer
10. *Father's Birthplace* Brunswig Holland

Name of Medical Attendant, or other Person who makes this Return. M. A. Gill

Address No 185 Central Av cor Monument

Remarks All well

RETURN OF A BIRTH.

29991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 15th 1879
4. Place of Birth (Street and Number) 153 N Bond St
5. Full Name of Mother Mary Eliza Francis
6. Mother's Maiden Name " " Woods
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Francis.
9. Father's Occupation Clerk
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Christian C Dohme M.D.

Address 86 S. Fayette St. Balto Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
31
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th March 1879
4. Place of Birth (Street and Number) 180 North Arlington Avenue
5. Full Name of Mother Sallie Bridgemond Hamilton
6. Mother's Maiden Name Sallie B. Austin
7. Mother's Birthplace North Carolina
8. Full Name of Father Matthew Allen Hamilton
9. Father's Occupation Commission Merchant
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Prof. William P. Howard

Address 181 Madison Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2999.3

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15 th. 1879
4. *Place of Birth (Street and Number)* Betty Avenue. No. 268.
5. *Full Name of Mother* Kathrin Morphy
6. *Mother's Maiden Name* Kathrin Kelly
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Edward Morphy
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Salome Grishaber

Address No 128 West St.

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29994

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard

3. Date of Birth March 15. 1879

4. Place of Birth (Street and Number) 36 Jefferson St

5. Full Name of Mother Elizabeth ~~Ashton~~ Spencer

6. Mother's Maiden Name Elizabeth Ashton

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Wesley Spencer

9. Father's Occupation Wtr

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

29995

HEALTH DEPA[illegible] MAR 19 1879 [illegible]IMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 15th 1879
4. *Place of Birth (Street and Number)* No 31 Essex St.
5. *Full Name of Mother* Catherina Koenig
6. *Mother's Maiden Name* " Jacob
7. *Mother's Birthplace* " " Germany
8. *Full Name of Father* Frederick Koenig
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address 243 Canton Ave

Remarks

[illegible] Registrations of the Board of Health to secure a full and cor-
rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 15 th 1879
4. *Place of Birth (Street and Number)*	No 55 Hill st.
5. *Full Name of Mother*	Fanny Haase
6. *Mother's Maiden Name*	Günther
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Charles Haase
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaner midwife
Address	330 Hanover st.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29997

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 15 th 1879
4. *Place of Birth (Street and Number)*	No 15 Bayley st
5. *Full Name of Mother*	Mary Appel
6. *Mother's Maiden Name*	Bender
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Michel Appel
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schnorrer midwife
Address	330 Hanover st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

29998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th of March
4. *Place of Birth (Street and Number)* Amity Street No. 61
5. *Full Name of Mother* Henrieta Vogt
6. *Mother's Maiden Name* Henrieta Stout
7. *Mother's Birthplace* Aulden Burg Saxon Germany
8. *Full Name of Father* Christian Vogt
9. *Father's Occupation* Baker
10. *Father's Birthplace* Pitsinger Werting Burg Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Shroter

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

29999

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15th 1879
4. Place of Birth (Street and Number)	Bond St 124
5. Full Name of Mother	Barbara Cooke
6. Mother's Maiden Name	Wark
7. Mother's Birthplace	Balto Md
8. Full Name of Father	William Mayberry Cooke
9. Father's Occupation	Baker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Miss Rose Kelly
Address	4 S Holliday St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30,000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPA APR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15 march
4. *Place of Birth (Street and Number)* N: 352 Hamburg St.
5. *Full Name of Mother* Anna Dorothea Vollmann
6. *Mother's Maiden Name* " " " " Rodemann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Christ Vollmann
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Loudenhallstrit

Remarks

...Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30001
30002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) 2. Females
2. Race or Color (if not of the white race) White
3. Date of Birth 15 March
4. Place of Birth (Street and Number) 30. N. Wolf
5. Full Name of Mother Maria Baroch
6. Mother's Maiden Name " Hais
7. Mother's Birthplace Slana Bohemia
8. Full Name of Father Anton Baroch
9. Father's Occupation Tailor
10. Father's Birthplace Nepracha Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes Str

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5'
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 March
4. Place of Birth (Street and Number)	50 Harford Ave
5. Full Name of Mother	Margaret Mulligan
6. Mother's Maiden Name	Carter
7. Mother's Birthplace	Tabbot County Md
8. Full Name of Father	James Mulligan
9. Father's Occupation	Junk Shop
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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30044

HEALTH DEPARTMENT
MAR
18
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10ter Kind
1. Sex (state whether Male or Female)	Knb
2. Race or Color (if not of the white race)	Weiß
3. Date of Birth	geboren den 16ten März
4. Place of Birth (Street and Number)	No 184 Lombrand Str
5. Full Name of Mother	Lisibeth Forenz
6. Mother's Maiden Name	Lisibeth Emes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Rorenz
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Friederike Kaufmann
Address	No 204 S. Dillons Str
Remarks	Hebamme

30005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 16.
4. Place of Birth (Street and Number)	29 Sharp St.
5. Full Name of Mother	Mollie Williams.
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Wm. R. Howard, M.D. City Hospital.
Address	
Remarks	

Extract Regulations of the Board of Health [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 March
4. *Place of Birth (Street and Number)* 23 Miller st
5. *Full Name of Mother* Wilhelmina Müller
6. *Mother's Maiden Name* Wilhelmina Hammel
7. *Mother's Birthplace* Hessen Darmstadt Ger.
8. *Full Name of Father* Justus Müller
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Wm A. Ball

Address No 185 Eutaw st cor Hamburg

Remarks All well

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30007

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 16 - 1879

4. Place of Birth (Street and Number) No 41 N. Exeter

5. Full Name of Mother Mary R. German

6. Mother's Maiden Name Mary R. Callender

7. Mother's Birthplace Baltimore

8. Full Name of Father ~~Jonathan~~ Jonathan German

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allnell

Address 286 McDonough st

Remarks

30008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 16th 79
4. Place of Birth (Street and Number) Gay St no [illegible]
5. Full Name of Mother Mary Ann ~~Black~~ Weil
6. Mother's Maiden Name " " Black
7. Mother's Birthplace Baltimore city
8. Full Name of Father Henry Weil
9. Father's Occupation Shoe Manufacturer
10. Father's Birthplace Balle Co no

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address [illegible]

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Births

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16th March 1879
4. *Place of Birth (Street and Number)*	Fire ~~[illegible]~~ / ac 84
5. *Full Name of Mother*	Sarah Jane Foster
6. *Mother's Maiden Name*	Lark Sourbeer
7. *Mother's Birthplace*	Baltimore City Md
8. *Full Name of Father*	Williams Foster
9. *Father's Occupation*	Hostler
10. *Father's Birthplace*	Anerundel County Md
Name of Medical Attendant, or other Person who makes this return	Elizabeth Hunt
Address	
Remarks	Full Health Child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 16th 1879
4. *Place of Birth (Street and Number)* 188 S. Dallas Str
5. *Full Name of Mother* Catherina Neuschaeffer
6. *Mother's Maiden Name* " Thuman
7. *Mother's Birthplace* City
8. *Full Name of Father* Julius Neuschaeffer
9. *Father's Occupation* Joe man
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30011

HEALTH DEPARTMENT MAR 31 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 16th 1879
4. *Place of Birth (Street and Number)* No 4 Irvin Place
5. *Full Name of Mother* Minnie E Gardner
6. *Mother's Maiden Name* " " Carney
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Gardner
9. *Father's Occupation* Sail Maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Ritz

Address 945 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore

30012

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* march 16 1879
4. *Place of Birth (Street and Number)* 99 chapel st
5. *Full Name of Mother* mary clark
6. *Mother's Maiden Name* mary coner
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* willam clark
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel an n garrett

Address 433 alicean ne lt

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30013

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 16d 1879

4. Place of Birth (Street and Number) Paine & George

5. Full Name of Mother Teresa Hook Mills

6. Mother's Maiden Name Teresa Hook

7. Mother's Birthplace Balto

8. Full Name of Father William Mills

9. Father's Occupation Plumber

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. F. E. Shatard Jr.

Address 114 Paine Ave

Remarks —

RETURN OF A BIRTH.

300114

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Form of Record of Vital Statistics in the City of Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 March
4. *Place of Birth (Street and Number)* N 62 President St
5. *Full Name of Mother* Mary Hollenecker
6. *Mother's Maiden Name* Stonely
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hollenecker
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dolphin Simon

Address No 70 Grundy St

Remarks

30015

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 March
4. *Place of Birth (Street and Number)* No 7 High St
5. *Full Name of Mother* Emma Rohlecherer
6. *Mother's Maiden Name* Kolscher
7. *Mother's Birthplace* Garmeny
8. *Full Name of Father* Louis Rohlecherer
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Garmeny

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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20116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.) 3
tate whether Male or Female) White Male
or Color (if not of the white race) White
of Birth 16 of March
of Birth (Street and Number) 121 Bond St
Name of Mother Mary E Francis
er's Maiden Name Mary E Wood
er's Birthplace Baltimore
Name of Father Robert Francis
er's Occupation Machinist
er's Birthplace Baltimore city
e of Medical Attendant, or other Person who makes this Return. Mary Ann Haywood
ress 109 Chester St
arks

RETURN OF A BIRTH.

30017

MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Next Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 16th 1879
4. Place of Birth (Street and Number) S. W. Corner Madison & Park St
5. Full Name of Mother Lavalette J. McMullen
6. Mother's Maiden Name Lavalette J. Johnson
7. Mother's Birthplace Tazewell Cy. Virginia
8. Full Name of Father John F. McMullen
9. Father's Occupation Farmer
10. Father's Birthplace Blair Cy. Pennsylva

Name of Medical Attendant, or other Person who makes this Return. H. Chatard M.D.

Address No. 114 Park Ave

Remarks

RETURN OF A BIRTH.

30018

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* March 16th 1879
4. *Place of Birth (Street and Number)* Parish St 50
5. *Full Name of Mother* Lena Gamer
6. *Mother's Maiden Name* Hartwig
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Joseph Gamer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Wm R Hellig

Address 48 Holland St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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30019

HEALTH DEPARTMENT
APR
1
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth March 16th 1879.

4. Place of Birth (Street and Number) Henry Street No 12

5. Full Name of Mother Mary Mulligan.

6. Mother's Maiden Name Mary Kolschen

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Thomas Mulligan

9. Father's Occupation Butter

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Burns

Address No 114 Battery St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30020

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 March
4. Place of Birth (Street and Number)	163 Greenmount Ave
5. Full Name of Mother	Elisabeth Reilley
6. Mother's Maiden Name	Owens
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Reilley
9. Father's Occupation	Engineer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrisma
Address	No 7 Forrest Place
Remarks	

30021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether male ~~or female)~~*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March. the. 17, 1879.
4. *Place of Birth (Street and Number)* N. Bond. St. No. 28.
5. *Full Name of Mother* Amelia J. Bunting
6. *Mother's Maiden Name* Amelia J. Kidd
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John H. Bunting
9. *Father's Occupation* Dealer in Furniture. 77.
10. *Father's Birthplace* York. Co. Virginia U. S.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17 d. 1879
4. *Place of Birth (Street and Number)* 155 E. Eden str.
5. *Full Name of Mother* Margret Miller
6. *Mother's Maiden Name* M. Rick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Miller
9. *Father's Occupation* Kalender
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 E. Bond str.

Remarks

RETURN OF A BIRTH.

30023

HEALTH DEPT. MAR 28 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 1st 1879

4. Place of Birth (Street and Number) Baltimore 312 Gay St

5. Full Name of Mother Mary C. Arnold

6. Mother's Maiden Name Mary C. McElroy

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Arnold

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Nathaniel Bedford

Address 141 Orleans St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30024

HEALTH DEPARTMENT
MAR
31
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 17th 1879
4. *Place of Birth (Street and Number)* 116 S. Regester St.
5. *Full Name of Mother* Elizabeth Burns
6. *Mother's Maiden Name* Doer
7. *Mother's Birthplace* City
8. *Full Name of Father* William Burns
9. *Father's Occupation* Can maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Burns

Address 245 Canton Ave

Remarks

RETURN OF A BIRTH.

30025

HEALTH DEPARTMENT
MAR 19 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Child.

1. *Sex (state whether male or female)* · Male.
2. *Race or Color (if not of the white race)* · White.
3. *Date of Birth* 17. th. March.
4. *Place of Birth (Street and Number)* 381. hamburg. St.
5. *Full Name of Mother* · Margret. ann. Spencer.
6. *Mother's Maiden Name* · Margret. ann. esenburger.
7. *Mother's Birthplace* Baltimore. Cicty
8. *Full Name of Father* Richard. Perry. Spencer.
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore. Cicty.

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Krow 328 S Eutaw St.

Remarks Died. with. Spisen.

Underdacker Julius Koehler

Registrar's Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th of March 1879
4. Place of Birth (Street and Number)	Cor. Central Ave & Chase
5. Full Name of Mother	Kate Lephart
6. Mother's Maiden Name	Kate Rabine
7. Mother's Birthplace	Balto City
8. Full Name of Father	C. Lephart
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mary Wale
Address	120 N. Carolina
Remarks	Balto City

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Harvey Conn Jr Cole

RETURN OF A BIRTH.

30027

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the second

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~the 30th instant~~ March the 17. 1879
4. *Place of Birth (Street and Number)* No 30 Saunter St
5. *Full Name of Mother* Sophia Simpson
6. *Mother's Maiden Name* Sophia Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Simpson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm E Bull

Address No 171 South Charles St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30028

HEALTH DEPARTMENT
MAR 22 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 17th 1879
4. *Place of Birth (Street and Number)* No 1 Dew Alley
5. *Full Name of Mother* Mary
6. *Mother's Maiden Name* Mary Williams
7. *Mother's Birthplace* Manchester Md
8. *Full Name of Father* William Henry Barnes
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Elley Stubbs

Address 42 Little Sharpe St

Remarks

RETURN OF A BIRTH.

30029

HEALTH DEPT. MAR 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	March 17th 1879.
4. *Place of Birth (Street and Number)*	198 Madison Avenue.
5. *Full Name of Mother*	Bridget Driscoll
6. *Mother's Maiden Name*	Farrell.
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Daniel Driscoll
9. *Father's Occupation*	Blacksmith.
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30030

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1/Th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th 1879
4. *Place of Birth (Street and Number)* Nr 174 Hanover St. B. City
5. *Full Name of Mother* Henrietta Elmer
6. *Mother's Maiden Name* " Longrell
7. *Mother's Birthplace* Dorchester County Md.
8. *Full Name of Father* Geo. Negley Elmer
9. *Father's Occupation* Wholesale Vinegar Factory
10. *Father's Birthplace* Pittsburgh Penn.

Name of Medical Attendant, or other person who makes this Return. Pembroke W. Womble M.D.

Address Nr 213 W. Lombard St.

Remarks

30031

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 17th 1879
4. *Place of Birth (Street and Number)* 84 Eastern Ave
5. *Full Name of Mother* Elizabeth Klein
6. *Mother's Maiden Name* " Nester
7. *Mother's Birthplace* City
8. *Full Name of Father* Peter Klein
9. *Father's Occupation* Driver
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Klein

Address 245 Eastern Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30032

HEALTH DEPARTMENT
MAR 31 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether Male or Female)* 4 [illegible] females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 11th 1879
4. *Place of Birth (Street and Number)* Parish St No 87 Baltimore
5. *Full Name of Mother* Matilda Williams
6. *Mother's Maiden Name* Matilda Cramer
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Charles Edward Williams
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freeburger

Address 293 Ramsey St Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30033

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17th March 1879
4. Place of Birth (Street and Number) 269 Saratoga St
5. Full Name of Mother J. R. Swigert
6. Mother's Maiden Name Virginia
7. Mother's Birthplace Baltimore
8. Full Name of Father J. R. Swigert
9. Father's Occupation Photographer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M.D.

Address 258 W Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30034

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female).* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 March
4. *Place of Birth (Street and Number)* 103 Bridge St.
5. *Full Name of Mother* Margaretha Weber
6. *Mother's Maiden Name* " " Holaman
7. *Mother's Birthplace* Wirtenberg Germania
8. *Full Name of Father* Christian Weber
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Wirtenberg Germania

Name of Medical Attendant, or other Person who makes this Return. Josephine Konrad

Address 20 Barnes St

Remarks

30035

HEALTH DEPARTMENT
APR 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 17th 1879.
4. *Place of Birth (Street and Number)* William Street No 350.
5. *Full Name of Mother* Mary Obergonner
6. *Mother's Maiden Name* Mary Bounge.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* George Obergonner
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address No 114 Battery Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30036

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1879
4. *Place of Birth (Street and Number)* No 256 Madison st
5. *Full Name of Mother* Clara Thomas
6. *Mother's Maiden Name* Clara Rother
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Thomas
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hilbegeist

Address No 182 E Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30037

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th / march.
4. *Place of Birth (Street and Number)* 322 Park ave.
5. *Full Name of Mother* Mary Buderer
6. *Mother's Maiden Name* " Bowers.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Buderer
9. *Father's Occupation* Cabinet-maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 349 Cathedral St.

Remarks

RETURN OF A BIRTH.

30138

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th of March.
4. *Place of Birth (Street and Number)* Oak St.
5. *Full Name of Mother* Mary Mullen.
6. *Mother's Maiden Name* " Rouen.
7. *Mother's Birthplace* Irelgnd.
8. *Full Name of Father* Patrick Mullen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30034

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	One
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 18th 1879
4. Place of Birth (Street and Number)	No 15 Winter Street
5. Full Name of Mother	Martha Ellen Jackson
6. Mother's Maiden Name	Martha Ellen Jones
7. Mother's Birthplace	Calvert Co. Maryland
8. Full Name of Father	James Jackson
9. Father's Occupation	Sailor
10. Father's Birthplace	Anne Arundel Maryland
Name of Medical Attendant, or other Person who makes this Return.	Annie Johnson
Address	No, 80, Plum alley
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

30044

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18 - 1879 -
4. Place of Birth (Street and Number)	220 N. Carey St.
5. Full Name of Mother	Ellen He. Donaldson
6. Mother's Maiden Name	" " Thompson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thos. W. Donaldson -
9. Father's Occupation	Revenue Store Keeper -
10. Father's Birthplace	Phil - Pa.
Name of Medical Attendant, or other Person who makes this Return.	John J. King - M. D.
Address	76 Edmondson Ave -
Remarks	near Carrollton Ave -

Next Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30041

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th March 1879
4. Place of Birth (Street and Number)	152 Conway St.
5. Full Name of Mother	Elizabeth
6. Mother's Maiden Name	Rink
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	August Wieland
9. Father's Occupation	Foreman Tobacco Works
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. H. Smith M.D.
Address	108 S. Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30042

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) " Female

2. Race or Color (if not of the white race)

3. Date of Birth March 18 1879

4. Place of Birth (Street and Number) No 343 E Fayette St

5. Full Name of Mother Mary A Harrison

6. Mother's Maiden Name Mary A Baker

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas J Harrison

9. Father's Occupation Farmer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 281 McDonough st

Remarks

30043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* N.A.
3. *Date of Birth* 18 March 1879
4. *Place of Birth (Street and Number)* 69 Dallas St
5. *Full Name of Mother* Marie Mohr
6. *Mother's Maiden Name* Bonemann
7. *Mother's Birthplace* U S
8. *Full Name of Father* John F Mohr
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lara Casper

Address 82 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	March 15th
4. *Place of Birth (Street and Number)*	Whitmore St 74
5. *Full Name of Mother*	Francis Goldsborough
6. *Mother's Maiden Name*	Frances Darby
7. *Mother's Birthplace*	Harford County
8. *Full Name of Father*	John Wm McConaughey
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Elizabeth Hunt
Address	
Remarks	Full Fourth child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 28 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	March 18th 1879
4. Place of Birth (Street and Number)	Baltimore 142 Orleans st
5. Full Name of Mother	Elizabeth Coates
6. Mother's Maiden Name	Elizabeth Colin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Coates
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine Bedford
Address	142 Orleans St.
Remarks	

RETURN OF A BIRTH.

30646

HEALTH DEPARTMENT
MAR 28 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth — 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 79
4. *Place of Birth (Street and Number)* 52 Bough Street
5. *Full Name of Mother* Margrett A Spencer
6. *Mother's Maiden Name* " " Lambdin
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George W. Spencer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

RETURN OF A BIRTH.

One 30047

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name of child: Shepard S. Pearson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 one
1. *Sex* (state whether *Male* or *Female*)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 18th 1879
4. *Place of Birth* (Street and Number)	226 Light St.
5. *Full Name of Mother*	Margaret Ann Pearson
6. *Mother's Maiden Name*	Firebaugh Northington
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Will E. Pearson
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore
Remarks	

RETURN OF A BIRTH.

30018

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18th 1879
4. *Place of Birth (Street and Number)* No 336 Hanover st.
5. *Full Name of Mother* Johanna Readinerg
6. *Mother's Maiden Name* America A. Bush
7. *Mother's Birthplace* Philips Readinerg
8. *Full Name of Father*
9. *Father's Occupation* Skunk dealer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schaeffer midwife

Address 336 Hanover st

Remarks

30049

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 18th 1879

4. Place of Birth (Street and Number) 205 S. Washington St

5. Full Name of Mother Augusta Haskel

6. Mother's Maiden Name Peters

7. Mother's Birthplace Germany

8. Full Name of Father William Haskel

9. Father's Occupation Laborer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams Md

Address 17 Raturent St

Remarks This child was born at the 8th month — died one & a half hours after birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30050

RETURN OF A BIRTH.

MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 21st 1879.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1879.
4. *Place of Birth (Street and Number)* 163 Washington St.
5. *Full Name of Mother* Josepha Schaefer
6. *Mother's Maiden Name* Josepha Reiter.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Schaefer.
9. *Father's Occupation* Cabinetmaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arnold

Address No. 137 Wolfe St.

Remarks Ch

RETURN OF A BIRTH.

30051

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1879
4. *Place of Birth (Street and Number)* No 44 Columbia Av. Balt. City
5. *Full Name of Mother* Rillie Caroline Kelly
6. *Mother's Maiden Name* " " Hammond
7. *Mother's Birthplace* Anne Arundel County Md.
8. *Full Name of Father* Andrew Mordecai Kelly
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Hemble M.D.

Address No 253 W. Lombard St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 March
4. *Place of Birth (Street and Number)* 26 Barnes St
5. *Full Name of Mother* Anna Kapralek
6. *Mother's Maiden Name* Jerousek
7. *Mother's Birthplace* Welky Bohemia
8. *Full Name of Father* Josef Kapralek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Welky Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

RETURN OF A BIRTH.

30059

HEALTH DEPT. MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* No 266 Front st
5. *Full Name of Mother* Cristiana Hewall
6. *Mother's Maiden Name* Cristiana Smith
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* Luther Hewall
9. *Father's Occupation* maker of garden tools
10. *Father's Birthplace* Stat of Maryland

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegist

Address No 182 E Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30054

HEALTH DEPARTMENT
MAR 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* No 146 Harford Ave
5. *Full Name of Mother* Frances Bright
6. *Mother's Maiden Name* Frances Osborne
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* E. Thomas Bright
9. *Father's Occupation* Plastering
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30055

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 March
4. *Place of Birth (Street and Number)*	6 Forrest Place
5. *Full Name of Mother*	Kate Thilloff
6. *Mother's Maiden Name*	Casey
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Thilloff
9. *Father's Occupation*	Printer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Brummer
Address	No 7 Forrest Place
Remarks	

30056

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 1

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 19. 1879
4. Place of Birth (Street and Number) O. Munyment str No 471
5. Full Name of Mother Bertha Necker
6. Mother's Maiden Name Dresdel
7. Mother's Birthplace Baltimore Co.
8. Full Name of Father Mathias Necker
9. Father's Occupation Blacksmith
10. Father's Birthplace Bachen Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baugrach

Address S. Wolf str No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (~~state whether 1st,~~ 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* No 10 Parkin St.
5. *Full Name of Mother* Sarah F. Waidner
6. *Mother's Maiden Name* Sarah F. Dorsey
7. *Mother's Birthplace* Howard Co. Md.
8. *Full Name of Father* Jacob B. Waidner
9. *Father's Occupation* Coffee Broker
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Stroyer M.D.

Address " " "

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30058

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 19, 1879.
4. *Place of Birth (Street and Number)* N. Caroline St. No 49.
5. *Full Name of Mother* Fanny Thilman
6. *Mother's Maiden Name* Fanny Herrisburger
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Philipp Thilman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30059

HEALTH DEPARTMENT BALTIMORE
MAR 25 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Miss Caroline Earle
1. *Sex (state whether Male or Female)*	Male Child
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	bornd the 19 of march
4. *Place of Birth (Street and Number)*	N 91 mulking street
5. *Full Name of Mother*	Caroline Jones
6. *Mother's Maiden Name*	Cathrind Jones
7. *Mother's Birthplace*	bornd in Caulbot County
8. *Full Name of Father*	Neaththanal Earle
9. *Father's Occupation*	a preacher
10. *Father's Birthplace*	Caulbot County
Name of Medical Attendant, or other Person who makes this return	+
Address	Cathrine Jones Spring garden
Remarks	No 2

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether ~~Male~~ or Female) female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* March 19th 1879
4. *Place of Birth* (Street and Number) 133 S Exeter Street
5. *Full Name of Mother* ~~Celia Cornelia~~ Kenleay
6. *Mother's Maiden Name* Celia Keane
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William Joseph ~~Cornelia~~ Kenleay
9. *Father's Occupation* Express Driver
10. *Father's Birthplace* New York City

Name of Medical Attendant, or other Person who makes this Return. E George Walls

Address 27 N Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

~~30062~~
30061

HEALTH DEPARTMENT
MAR 25 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 March 1879
4. *Place of Birth (Street and Number)* 308 Franklin St.
5. *Full Name of Mother* Mary E. Plit
6. *Mother's Maiden Name* Kohlhepp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles F. Wm Plit
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E. Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

30063
30062

MAR 31 19 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* 213 Gough St
5. *Full Name of Mother* Elizabeth Barth
6. *Mother's Maiden Name* Frey
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Barth
9. *Father's Occupation* Pattern Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Barth

Address 243 Hanover Ave

Remarks

MISSING
30063

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* 513 E Fayette St
5. *Full Name of Mother* Mary Kane
6. *Mother's Maiden Name* Mary Rudloff
7. *Mother's Birthplace* City
8. *Full Name of Father* James Kane
9. *Father's Occupation* Police
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30065

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th March 1879
4. *Place of Birth (Street and Number)* 28 Ross st
5. *Full Name of Mother* Margaret Moise
6. *Mother's Maiden Name* Kegel
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Moise
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30066

HEALTH DEPARTMENT
MAR
29
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16th 1879
4. Place of Birth (Street and Number)	43 N. High st
5. Full Name of Mother	Julia B. Bowen
6. Mother's Maiden Name	Julia B. Wiehe
7. Mother's Birthplace	St Louis Mo
8. Full Name of Father	Geo. S. Bowen
9. Father's Occupation	Merchant
10. Father's Birthplace	New Franklin Mo
Name of Medical Attendant, or other Person who makes this Return.	John T. Conner
Address	14 Asquith st.
Remarks	

RETURN OF A BIRTH.

30067

HEALTH DEPT. MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Second

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* March 19 78

4. *Place of Birth (Street and Number)* 197 Kinsey st

5. *Full Name of Mother*

6. *Mother's Maiden Name* Rosiena Sorrell

7. *Mother's Birthplace* Saint marys Co

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 259

Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30068

RETURN OF A BIRTH.

HEALTH DEPT. MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* Fort McHenry, Md.
5. *Full Name of Mother* Mary Ella Livingston
6. *Mother's Maiden Name* " " Yardley.
7. *Mother's Birthplace* Westmoreland Co., Va.
8. *Full Name of Father* Edward C. Livingston
9. *Father's Occupation* Soldier, (Sergt. Lt. Batty. "A" 2nd U.S. Arty.)
10. *Father's Birthplace* Rochester, N.Y.

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel (Dr J.E. Brewster. U.S.A.)

Address No 13 Cuba St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30069

MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* N W Corner Light & Hill Sts
5. *Full Name of Mother* Alice Murray
6. *Mother's Maiden Name* Alice Murray
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Murray
9. *Father's Occupation* Store-keeper
10. *Father's Birthplace* Roscommon Co. Ireland

Name of Medical Attendant, or other Person who makes this Return. F Whatard M.D

Address N 114 Park Ave

Remarks

30070

HEALTH DEPART APR 15 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 March 1879
4. Place of Birth (Street and Number)	~~Theresa~~ 72 Camden St.
5. Full Name of Mother	Theresa Zimmish
6. Mother's Maiden Name	Theresa Hauf
7. Mother's Birthplace	Balto City
8. Full Name of Father	C Edward Zimmish
9. Father's Occupation	Plumer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Margaret A. Richmond
Address	183 Lee St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30071

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* S. Broadway near Co. Wharf
5. *Full Name of Mother* A. V. O Greensfelder
6. *Mother's Maiden Name* A. Owens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph A Greensfelder
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address No 171 S Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30072

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 19th 1879
4. *Place of Birth (Street and Number)* # 20 Rock St
5. *Full Name of Mother* Caroline Schlag
6. *Mother's Maiden Name* " Bollack
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Schlag
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehe (Mid)

Address 220 Preston St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

30073

HEALTH DEPARTMENT MAR 24 1910 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 March 1910
4. *Place of Birth (Street and Number)* No 34 Hanover St
5. *Full Name of Mother* Rieke Siebert
6. *Mother's Maiden Name* Wirth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Siebert
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Kin Simon

Address No 70 Gramby St

Remarks

30074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 20, 1879
4. Place of Birth (Street and Number) S. Schappelstr No 18
5. Full Name of Mother Katharina Hohmann
6. Mother's Maiden Name Geller
7. Mother's Birthplace Oberfalzhofhausen Hessen
8. Full Name of Father Sebastian Hohmann
9. Father's Occupation Lebner
10. Father's Birthplace Morles Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30075

HEALTH DEPT. MAR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 20
4. *Place of Birth* (Street and Number)	181 Saratoga
5. *Full Name of Mother*	Luella C Hamilton
6. *Mother's Maiden Name*	— — Merker
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Richard Hamilton
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

30076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth March 20th 1879

4. Place of Birth (Street and Number) 196 Penn Ave

5. Full Name of Mother Clara Virginia Miller

6. Mother's Maiden Name Clara Virginia Everhart

7. Mother's Birthplace Baltimore Md

8. Full Name of Father William Howard Barter Miller

9. Father's Occupation Brick Layer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 189 Lanvale St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether ~~male or~~ female)
2. Race or Color (if not of the white race) White
3. Date of Birth March the 20. 1879.
4. Place of Birth (Street and Number) E. Fayette St. No. 255
5. Full Name of Mother Virginia Spamer
6. Mother's Maiden Name Virginia Schellhorn
7. Mother's Birthplace Friedrichsburg. W. V.
8. Full Name of Father William Spamer
9. Father's Occupation Ingeneur
10. Father's Birthplace Baltimore Cty

Name of Medical Attendant, or other Person who makes this Return, Mary E. Mullen

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30078

RETURN OF A BIRTH.

HEALTH DEPT. MAR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* March the 20 18.79
4. *Place of Birth (Street and Number)* Durham St 220 Baltimore md
5. *Full Name of Mother* Lydia Benson
6. *Mother's Maiden Name* Lydia Fisher
7. *Mother's Birthplace* Fredrick County md
8. *Full Name of Father* Gorge W Benson
9. *Father's Occupation* Stodcarer
10. *Father's Birthplace* Fredrick County Md

Name of Medical Attendant, or other Person who makes this Return. Lurenda Wallford

Address 130 Regester St Baltimore md

Remarks

RETURN OF A BIRTH.

30079

HEALTH DEPARTMENT
MAR 25 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20 th 1879
4. *Place of Birth (Street and Number)* No 3 - Clarke Pl in Baltimore Md
5. *Full Name of Mother* Miss Lizzie Powers
6. *Mother's Maiden Name* Miss Lizzie Young
7. *Mother's Birthplace* in the State of Maryland
8. *Full Name of Father* Mr Joseph Powers
9. *Father's Occupation* Brakeman on the N C R R
10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden

Address 330 Argyle Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30080

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* March the 20.18.79
4. *Place of Birth (Street and Number)* 130 Regester St Baltimore
5. *Full Name of Mother*
6. *Mother's Maiden Name* Sarah L Woolford
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 north Regester Baltimore md

Remarks

30081

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20th 1879
4. *Place of Birth (Street and Number)* No 490 Penna Avenue
5. *Full Name of Mother* Mary Lizzie Sachse
6. *Mother's Maiden Name* " " Harry
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas. F. Sachse
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return E. Schmitt No 496 Penna Av

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30082

RETURN OF A BIRTH.

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 20th 1879
4. Place of Birth (Street and Number)	91 East Pratt st
5. Full Name of Mother	Eva A. Gross
6. Mother's Maiden Name	Eva A Palmer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Nickolas G Gross
9. Father's Occupation	Dyer & Scouser
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Amanda Masine
Address	378 E. Monument st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30083

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
24
1879
BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	20th Day March 1879
Place of Birth (Street and Number)	97 Columbia Ave
Full Name of Mother	Mrs Fannie Shillinburg
Mother's Maiden Name	Fannie Hallings
Mother's Birthplace	Baltimore city Md
Full Name of Father	Wilbur Fisk Shillinburg
Father's Occupation	Paper Hanger
Father's Birthplace	Baltimore city Md
Name of Medical Attendant, or other Person who makes this Return.	Catharine Kirby
Address	No 44 Walker St
Remarks	

RETURN OF A BIRTH.

200.84

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	Grile
3. Date of Birth	20 March 1879
4. Place of Birth (Street and Number)	65 S Packet St.
5. Full Name of Mother	Amealia Schlegel
6. Mother's Maiden Name	Amealia Bockelman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Schlegel
9. Father's Occupation	Tinner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Mazarenus
Address	
Remarks	Russell St. No. 70

This [illegible] accoucheur, midwife, [illegible] charge, who shall attend, assist or advise at the birth of any child, within the City of [illegible] shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. Child
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	Grile
3. Date of Birth	20th March 1879
4. Place of Birth (Street and Number)	No 429 Cross St
5. Full Name of Mother	Louis A Thries
6. Mother's Maiden Name	Louis A Laos
7. Mother's Birthplace	Germany
8. Full Name of Father	Jakar Thise
9. Father's Occupation	G Lober
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mary Nazarenus
Remarks	Russell St No 70

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Twentieth March
4. *Place of Birth (Street and Number)* 123. Chesnut Alley.
5. *Full Name of Mother* Charlotte Dixon
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Va
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Elizabeth Hunt

Address

Remarks Full Health Child

That any physician, accoucheur, midwife, or other person who advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30087

HEALTH DEPT MAR 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 20. 1879.
4. *Place of Birth (Street and Number)*	No 67 Battery avenue
5. *Full Name of Mother*	Mary Carmine
6. *Mother's Maiden Name*	Mary Remeyer
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Carmine
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horne
Address	No 106 West St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAR 28 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th of March 1879
4. *Place of Birth (Street and Number)* 30 Canton Av
5. *Full Name of Mother* Wilhelmina Magan
6. *Mother's Maiden Name* Kinnerle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Magan
9. *Father's Occupation* Pilotizing
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

30089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Mar 26.
4. Place of Birth (Street and Number) 48 Wyeth st
5. Full Name of Mother C. [illegible] Moore
6. Mother's Maiden Name " " Slanger
7. Mother's Birthplace Pennsylvania
8. Full Name of Father George W. Moore
9. Father's Occupation Laborer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Salach

Address Pratt st

Remarks 439

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2d

1. *Sex (state whether male or female)* Male & Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 20th 1879
4. *Place of Birth (Street and Number)* 178 S. Bethel st
5. *Full Name of Mother* Elizabeth Schreiner
6. *Mother's Maiden Name* " Meier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Schreiner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bolz

Address 245 Canton Ave

Remarks Twin Birth

RETURN OF A BIRTH.

30091

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 20th 1879
4. *Place of Birth (Street and Number)* No 9 Wall st.
5. *Full Name of Mother* Cristina Traisler
6. *Mother's Maiden Name* Harries
7. *Mother's Birthplace* America
8. *Full Name of Father* Nicolaus Traisler
9. *Father's Occupation* Huxster
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D. Schwassur midwife

Address 330 Hanover st.

Remarks

11 30092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th March
4. *Place of Birth (Street and Number)* # 78 Ruth Street
5. *Full Name of Mother* Ellen Ryan
6. *Mother's Maiden Name* Ellen Cadogan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Henry Clay Ryan
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Elmer Dumler 60 Shooter

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30093

HEALTH DEPT. MAR 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* ~~1st, 2d~~, 3d, ~~&c.~~) .....

1. *Sex* (*state whether Male* ~~*or Female*~~) .....
2. *Race or Color* (~~*if not of the*~~ *white race*) .....
3. *Date of Birth* March 24th 1879
4. *Place of Birth* (*Street and Number*) No 20 N Eden st Balto.
5. *Full Name of Mother* Catharine Mehler
6. *Mother's Maiden Name* Catharine Seidel
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* August Mehler
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return F Ridgway Andre M D

Address 1821 E Balto st

Remarks .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 20th of March 1879.
4. *Place of Birth (Street and Number)* N 151 E. Lombard St.
5. *Full Name of Mother* Annie Boyd
6. *Mother's Maiden Name* Hornick
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis Boyd
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. N R. V. Irmer

Address N 176 Fisquith St.

Remarks

30095

HEALTH DEPARTMENT
MAR 26 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 20th 1879
4. Place of Birth (Street and Number) No 18 N. Front St. Balt. City
5. Full Name of Mother Lucie Fitzgerald
6. Mother's Maiden Name " Gildea
7. Mother's Birthplace Madison Indiana
8. Full Name of Father James Fitzgerald
9. Father's Occupation Picture & Mirror Frame Manufacturer
10. Father's Birthplace Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M.D.

Address No 203 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30096

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
3
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20th 1879
4. *Place of Birth (Street and Number)* Holland St 35
5. *Full Name of Mother* Fredrika Rock
6. *Mother's Maiden Name* " Wunnstich
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John Rock
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. R. Haug

Address 8 Holland St

Remarks

30097

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Jewish

3. Date of Birth March 20th 1879

4. Place of Birth (Street and Number) Hanson St # 28

5. Full Name of Mother Sabra Robinson

6. Mother's Maiden Name " Simon "

7. Mother's Birthplace " Poland " " "

8. Full Name of Father Levy Robinson

9. Father's Occupation Shoemaker " "

10. Father's Birthplace Poland.

Name of Medical Attendant, or other Person who makes this Return. Mr R. Ullig

Address 48 Holland St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30098

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20th 1879
4. *Place of Birth (Street and Number)* No 12 Parker St. Balto City
5. *Full Name of Mother* Mary E. Conroy
6. *Mother's Maiden Name* Mary E. Hood
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Frank Conroy
9. *Father's Occupation* A Tinner
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. M. J. Lanigan

Address No. 435 N. Mc. Henry St.

Remarks Strong healthy child.

30099

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20th 10 45 P.M. 1879
4. *Place of Birth (Street and Number)* 359 E. Lombard
5. *Full Name of Mother* Mary Percival
6. *Mother's Maiden Name* Mary Hougison
7. *Mother's Birthplace* Albemarle Co. Virginia
8. *Full Name of Father* Chiswell Abney Percival
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Lynchburg Va.

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30100

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 20th March 1879
4. Place of Birth (Street and Number) 647 Pennsylvania Avenue
5. Full Name of Mother Victoria Dowell
6. Mother's Maiden Name " Evans
7. Mother's Birthplace Baltimore
8. Full Name of Father George Dowell
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engeldinger

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30101

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	
3. Date of Birth	21st March
4. Place of Birth (Street and Number)	Baltimore 85 North Ann St.
5. Full Name of Mother	Mary Brunn
6. Mother's Maiden Name	Mary Reinold
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Brunn
9. Father's Occupation	Carpet Weaver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Fisher
Address	83 North Ann St
Remarks	

30102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21 1879
4. *Place of Birth (Street and Number)* No 442 Penna Avenue
5. *Full Name of Mother* Amelia Schildwaichter
6. *Mother's Maiden Name* Amelia Klinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Schildwaichter
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return E. Schmitt No 470 S. A

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30103

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) " "
3. Date of Birth March 21 1879
4. Place of Birth (Street and Number) No. 261 N Bond Street
5. Full Name of Mother Lucy Hickman
6. Mother's Maiden Name Lucy Nickerson
7. Mother's Birthplace Delaware.
8. Full Name of Father Eugene W. Hickman
9. Father's Occupation Laborer
10. Father's Birthplace West Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 Mt Donough st

Remarks

30104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 March 1879
4. *Place of Birth (Street and Number)* 12 Frederick St
5. *Full Name of Mother* Carolina Gürth
6. *Mother's Maiden Name* Gurth
7. *Mother's Birthplace* Henry Gürth
8. *Full Name of Father* Restaurant
9. *Father's Occupation*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

37165

HEALTH DEPARTMENT MAR 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21. 1879
4. Place of Birth (Street and Number)	Bridget Feaney
5. Full Name of Mother	No 26 First alley
6. Mother's Maiden Name	Bridget Lewis
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Feaney
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30106

HEALTH DEPT. MAR 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	Born March 21st
4. *Place of Birth (Street and Number)*	Baltimore Cross st No 388
5. *Full Name of Mother*	Sarah Naumann
6. *Mother's Maiden Name*	" Jones
7. *Mother's Birthplace*	Queens Arms County
8. *Full Name of Father*	Nathan Naumann
9. *Father's Occupation*	Cook
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Amaline Wilson
Address	388 Cross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30107

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* ~~Male~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21
4. *Place of Birth (Street and Number)* Fort Avenue 122
5. *Full Name of Mother* Lisetta Reiber
6. *Mother's Maiden Name* Lisetta Nicklus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chasper Nicklus
9. *Father's Occupation* Junk Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Margret Ebel

Address 13 Lubia Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30108

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 "

1. *Sex (state whether Male or Female)* Male " "
2. *Race or Color (if not of the white race)* White " "
3. *Date of Birth* March 21st 1879
4. *Place of Birth (Street and Number)* Bay St. nr 266
5. *Full Name of Mother* Charlotte L Clark
6. *Mother's Maiden Name* " " Heise
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Henry L Clark
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm R Hollis

Address 48 Holland St

Remarks

30109

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 st of March
4. *Place of Birth (Street and Number)* 161 little green street
5. *Full Name of Mother* Cate Keil
6. *Mother's Maiden Name* Cate Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Keil
9. *Father's Occupation* Cupper
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Lee enhallst

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPA[illegible] APR 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21 March 1879
4. Place of Birth (Street and Number) Myrtle Avenue
5. Full Name of Mother Mary Martin
6. Mother's Maiden Name White
7. Mother's Birthplace Baltimore City
8. Full Name of Father Patrick Martin
9. Father's Occupation Merchant
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mastury Brewer Md

Address 68 McCulloh Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30111.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21 March 1879
4. Place of Birth (Street and Number) Division & McMechen Sts
5. Full Name of Mother Mary Maher
6. Mother's Maiden Name Shephard
7. Mother's Birthplace Balt. City
8. Full Name of Father George Maher
9. Father's Occupation Carpenter
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. Martin Brewer MD

Address 68 McCulloh Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30112

HEALTH DEPARTMENT
APR 5 1879
IMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st 1879
4. *Place of Birth (Street and Number)* S. Wash. St below Alice Ann
5. *Full Name of Mother* Ann T Kibler
6. *Mother's Maiden Name* Ann Thomas.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Fran. Kibler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Timmins

Address 191 S. Washington St.

Remarks

30113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st
4. *Place of Birth (Street and Number)* Rubary St 133
5. *Full Name of Mother* Eliese Meineke
6. *Mother's Maiden Name* Reselius
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Anton Meineke
9. *Father's Occupation* Luber Store & Saloon
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible] Dunster 6 E. [illegible] St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st 1879
4. *Place of Birth (Street and Number)* No 66 Park st
5. *Full Name of Mother* Annie Montgomery
6. *Mother's Maiden Name* Annie Bell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Montgomery
9. *Father's Occupation* Liquor store
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeast

Address No 182 W Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30115

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st March 1879
4. *Place of Birth (Street and Number)* 177 Pennsylvania Avenue
5. *Full Name of Mother* Sarah Abell
6. *Mother's Maiden Name* " Ann Wills
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Edward Abell
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

RETURN OF A BIRTH.

30116

HEALTH DEPT. MAR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21 — 1879
4. *Place of Birth (Street and Number)* No. 403 Leigh Street
5. *Full Name of Mother* Mary Snyder
6. *Mother's Maiden Name* Mary Yeager
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Anton Snyder
9. *Father's Occupation* Steam=Patternmaker
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Jabez Grishaber

Address No. 128 West St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30117

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 22 1879
4. *Place of Birth (Street and Number)* No 350 E. Fayette St
5. *Full Name of Mother* Mary E. Lee
6. *Mother's Maiden Name* Mary E. Yeddy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Henry Lee.
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 136 McDonough St

Remarks

30118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

f Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
x (state whether Male or Female)	Male
ace or Color (if not of the white race)	White
ate of Birth	March 22th /79
lace of Birth (Street and Number)	N. Bond st No 36
ull Name of Mother	Salley A. Ruley Lawler
Mother's Maiden Name	Salley A. Ruley
Mother's Birthplace	Balto City
Full Name of Father	Thomas R. Lawler
Father's Occupation	Foreman
Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Catherine T. Davis
Address	No 6 Chester Street
Remarks	Fine Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30119

HEALTH DEPT. MAR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8h 20m A. M. 22nd March, 1879.
4. Place of Birth (Street and Number)	167 Madison Avenue, Balt. City.
5. Full Name of Mother	Ida Elizabeth Maloney
6. Mother's Maiden Name	Ida Elizabeth Hess
7. Mother's Birthplace	Baltimore City, Maryland.
8. Full Name of Father	Daniel Ambrose Maloney
9 Father's Occupation	Cigar Merchant
10. Father's Birthplace	Baltimore City, Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm. J. Worth M.D.
Address	148 N. Howard St
Remarks	

RETURN OF A BIRTH.

30120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 22nd 1879
4. *Place of Birth (Street and Number)* 46. N. Eden St
5. *Full Name of Mother* E. Katie Mac Bee
6. *Mother's Maiden Name* " " Lee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph F. Mac Bee
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Harford Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross.

Address 137 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30121

HEALTH DEPARTMENT MAR 28 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 March
4. Place of Birth (Street and Number)	23 Cemetery Lane
5. Full Name of Mother	Francis Hopf
6. Mother's Maiden Name	Somers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Hopf
9. Father's Occupation	Brush Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T. Chrismer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

301291

HEALTH DEPARTMENT
MAR 28 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 5.)
1. *Sex (state whether male or female)*	male.
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	22 of March 1879.
4. *Place of Birth (Street and Number)*	54. Patterson Park Ave.
5. *Full Name of Mother*	Elisa Migand.
6. *Mother's Maiden Name*	" " Meister.
7. *Mother's Birthplace*	Kuhalesson Germany
8. *Full Name of Father*	Adam Migand
9. *Father's Occupation*	Sour man
10. *Father's Birthplace*	Kuhalesson Germane
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address	No 12 Patterson Park Ave
Remarks	

30123

HEALTH DEPARTMENT
MAR 28 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 22 — 1879
4. *Place of Birth (Street and Number)* No. 241 Montgomery st
5. *Full Name of Mother* Helena Wolf
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Emil Wolf
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgasser / midwife

Address 330 Hanover st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30124

RETURN OF A BIRTH.

HEALTH DEPT
MAR
29
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 March 1879
4. *Place of Birth (Street and Number)* 63 S. Eden St.
5. *Full Name of Mother* Lizzie Jane Gregory
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Gregory
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertrand Miller

Address 151 E Pratt St.

Remarks

30125

HEALTH DEPARTMENT
MAR 29 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dead

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22 of March 1879
4. *Place of Birth (Street and Number)* 69 Saint Paul ~~Street~~ Court
5. *Full Name of Mother* Matilda Jones
6. *Mother's Maiden Name* Glen Stubs
7. *Mother's Birthplace* Princess Anne Somerset County Md
8. *Full Name of Father* Isaac Cottman
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Princess Anne Somerset County Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 31 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 22d 1879
4. *Place of Birth (Street and Number)* 23 Lancaster st
5. *Full Name of Mother* Maggeretha Shuler
6. *Mother's Maiden Name* " Berger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian F. Shuler
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 242 Canton Ave

Remarks

RETURN OF A BIRTH.

31127

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 of March 1879
4. *Place of Birth (Street and Number)* [redacted] Canton Av 472
5. *Full Name of Mother* Lizzie Telkemies
6. *Mother's Maiden Name* Lizzie Genemier
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* William Telkemier
9. *Father's Occupation* Captain
10. *Father's Birthplace* Germeney

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30128

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W.
3. Date of Birth March 22
4. Place of Birth (Street and Number) No. 115 Hudson St
5. Full Name of Mother Fridrika Buddemeir
6. Mother's Maiden Name Kalthof
7. Mother's Birthplace Germany
8. Full Name of Father Henry Buddemeir
9. Father's Occupation Storekeeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 515 South Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30129

HEALTH DEPARTMENT
MAR 31 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	6 Males
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 22 1879
4. *Place of Birth (Street and Number)*	Ramsay st No 21 Baltimore
5. *Full Name of Mother*	george anna Beal
6. *Mother's Maiden Name*	george anna Brumley
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Levi Beal
9. *Father's Occupation*	Flowerer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Freburger
Address	No 293 Ramsay st Baltimore
Remarks	Mrs E Brunle

30130

RETURN OF A BIRTH.

HEALTH DEPA[illegible] APR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 22 March 1879
4. Place of Birth (Street and Number) Baltimore flet 1st No
5. Full Name of Mother Irock
6. Mother's Maiden Name Frolen
7. Mother's Birthplace Bohanan
8. Full Name of Father Frolan
9. Father's Occupation Glass Maker
10. Father's Birthplace Bohanan

Name of Medical Attendant, or other Person who makes this Return. M Kopter

Address 69 Wishanlar St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22d March 1879
4. Place of Birth (Street and Number) No 30 Thames st
5. Full Name of Mother Johanna Pifer
6. Mother's Maiden Name " Mueller
7. Mother's Birthplace Germany
8. Full Name of Father Franz Pifer
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Knapp

Address 231 Canton Avenue

Remarks

RETURN OF A BIRTH.

30132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7th.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22nd. March 1879
4. *Place of Birth (Street and Number)* No. 124 St. Paul St.
5. *Full Name of Mother* Annie Johnston Pue
6. *Mother's Maiden Name* Annie J. Hough
7. *Mother's Birthplace* Balti.
8. *Full Name of Father* Emil. Hough
9. *Father's Occupation* Merchant
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address No. 82 Franklin St.

Remarks National Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30133

HEALTH DEPARTMENT
APR
8
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 22
4. Place of Birth (Street and Number)	17 Hansen St
5. Full Name of Mother	Louisa Jones
6. Mother's Maiden Name	Louisa Sutton
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Theophilus Jones
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Lucy Washington
Address	150 S. Eutaw St
Remarks	

30134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22 March 1879
4. *Place of Birth (Street and Number)* 4 Peck Court
5. *Full Name of Mother* Amy Welch
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Norfolk Virgin
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Routh William

Address No 70 Chestnut Street

Remarks Mother had Child during Week

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30135

HEALTH DEPARTMENT
APR 21 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 22nd 5 A. M. April 1st 1879

4. Place of Birth (Street and Number) Hartford Road Balto Co. 9th District

5. Full Name of Mother Julia May Foley

6. Mother's Maiden Name Julia May Mahr.

7. Mother's Birthplace Tipperary Co Ireland

8. Full Name of Father Robert Joseph Foley

9. Father's Occupation Engineer

10. Father's Birthplace Kilkenny Co. Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

30136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 22d 1879
4. *Place of Birth (Street and Number)* No. 39 Ensor st
5. *Full Name of Mother* Catherine Maisch
6. *Mother's Maiden Name* Catherine Henrity
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Maisch
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 E Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

d of Mother, (state whether 1st, 2d, 3d, &c.) /

e whether Male or Female) girl

Color (if not of the white race)

Birth march the 22 Baltimore

f Birth (Street and Number)

ame of Mother miss harrite Storug age 21 years

's Maiden Name

's Birthplace Kinsale Westmorle Co. Va

Name of Father Alex Jones age 22 years

's Occupation Seaman

's Birthplace West Weng sent st John portkick

of Medical Attendant, or other Person who makes this Return.

ess

rks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30138

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 22d. 1879
4. *Place of Birth (Street and Number)* 40 Register St.
5. *Full Name of Mother* Margret Herbel
6. *Mother's Maiden Name* Margr. Unger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johan Heinrich Herbel
9. *Father's Occupation* Tailor man
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30139

RETURN OF A BIRTH.

HEALTH DEPT. MAR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23rd 1879
4. Place of Birth (Street and Number)	112 Lee St
5. Full Name of Mother	Mary Power
6. Mother's Maiden Name	Mary Long
7. Mother's Birthplace	Ireland
8. Full Name of Father	Pat Power
9. Father's Occupation	Agent Shoes
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30140

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	23rd March
4. Place of Birth (Street and Number)	N. 53. Carlton st
5. Full Name of Mother	Rosa Smith
6. Mother's Maiden Name	" Bass
7. Mother's Birthplace	Prince Georges County
8. Full Name of Father	Augustus Smith
9. Father's Occupation	works in a Stable
10. Father's Birthplace	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	Milly Blake
Address	53 Carlton st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31114-1

HEALTH DEPT
MAR
24
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 23 1879
4. *Place of Birth (Street and Number)* No 3 Bartlet St
5. *Full Name of Mother* Fancies Griffin
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father* Barney Griffin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac County Va

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30143

HEALTH DEPT. MAR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Saturday evening March 23 1879
4. *Place of Birth (Street and Number)* Clarkson Valley No 1
5. *Full Name of Mother* Lear Bolley
6. *Mother's Maiden Name* Emiline Bolley
7. *Mother's Birthplace* Dorchester County, M D
8. *Full Name of Father* William Henry Ross
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* tailors Ireland

Name of Medical Attendant, or other Person who makes this Return. Nancy Logen

Address Winter Street No 20

Remarks Baltimore M D

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30114-3

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23 1879
4. Place of Birth (Street and Number)	S. W. Cor O'Donnell & Patterson Sts
5. Full Name of Mother	Lelia
6. Mother's Maiden Name	Lootile
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Patrick H Ring
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	E. Jones Williams M.D.
Address	17 Patterson St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30144

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born March 23d
4. *Place of Birth (Street and Number)* Baltimore Warner st No 288
5. *Full Name of Mother* Lizzie Heath
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* Kent Ireland
8. *Full Name of Father* Jacob Heath
9. *Father's Occupation* Shoe Macker
10. *Father's Birthplace* Kent Ireland

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address 988 Cross Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30145

HEALTH DEPARTMENT
APR
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Mar. 23th 1879
4. *Place of Birth (Street and Number)*	24 S. Ann Street
5. *Full Name of Mother*	Annie J. Welch
6. *Mother's Maiden Name*	" " White
7. *Mother's Birthplace*	Balto. Md
8. *Full Name of Father*	William P. Welch
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Harford County Md
Name of Medical Attendant, or other Person who makes this return	James E. McDonnell
Address	68 S. Broadway
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3014-6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth March 23. 1879

4. Place of Birth (Street and Number) S. Registerstr No 55

5. Full Name of Mother Elisabeth Wagner

6. Mother's Maiden Name Scheplein

7. Mother's Birthplace Baltimore

8. Full Name of Father Michael Wagner

9. Father's Occupation Tupper

10. Father's Birthplace Frommersbach Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Baupach

Address S. Wolfstr No 28

Remarks Undwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 les Kind

1. Sex (state whether Male or Female) Mädgen

2. Race or Color (if not of the white race) Weiß

3. Date of Birth geboren den 23 Mertz

4. Place of Birth (Street and Number) 132 Wolff St.

5. Full Name of Mother Meri Kraft.

6. Mother's Maiden Name Meri Ludwig

7. Mother's Birthplace geboren in Deutschland

8. Full Name of Father August Kraft.

9. Father's Occupation Candarbeider

10. Father's Birthplace geboren in Deutschland.

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufman

Address 204 S Dallas St.

Remarks Gerame.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30114-8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30149

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Children

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 of March 1879
4. *Place of Birth (Street and Number)* Williamson St. No. 1.
5. *Full Name of Mother* Delia Commoney
6. *Mother's Maiden Name* Delia Welch
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Joseph R. Commoney
9. *Father's Occupation* Engineer on Steam Boat
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sabena Grisholer

Address No 128 West Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30150

HEALTH DEPARTMENT
MAR 27 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th March
4. *Place of Birth (Street and Number)* 25 Calvert st between
5. *Full Name of Mother* Maria Davis
6. *Mother's Maiden Name* Maria Tooley
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Davis
9. *Father's Occupation* Copper Refiner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullivan

Address 104 Barley st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex (state whether Male or Female)* A Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 of March 1879
4. *Place of Birth (Street and Number)* 87 N. Washington
5. *Full Name of Mother* W. Weinkorn
6. *Mother's Maiden Name* W. Nuslein
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Nuslein
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel St John Kunkel

Remarks Healthy,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3015 26

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 26 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd 1879.
4. *Place of Birth (Street and Number)* 130 Gough St. Ler. Register.
5. *Full Name of Mother* Elizabeth Schuppel.
6. *Mother's Maiden Name* Elisabeth Reipirick.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Bernhard Schuppel.
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30153

HEALTH DEPARTMENT
MAR 27 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* March 23 1879
4. *Place of Birth (Street and Number)* N 3 stockton al
5. *Full Name of Mother*
6. *Mother's Maiden Name* Jane Chase
7. *Mother's Birthplace* anapolis md
8. *Full Name of Father* none
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlot proctor

Address No 16 carlton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday 23rd, 1879
4. *Place of Birth (Street and Number)* No. 55 North Caroline St
5. *Full Name of Mother* Mrs. Robt W. Little
6. *Mother's Maiden Name* Miss Annie L. Milan
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr. Robert W. Little
9. *Father's Occupation* Cotton Inspector
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm H. Cleudinen

Address No. 102 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30155

HEALTH DEPARTMENT
MAR
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 March 24 1879
4. *Place of Birth (Street and Number)* No 102 Eastern Avenue
5. *Full Name of Mother* Anna Braman
6. *Mother's Maiden Name* Anna Murphy
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Mikael Braman
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Jabener Grishaber

Address No, 128 West St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30156

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th. 1879
4. Place of Birth (Street and Number)	182 Division St.
5. Full Name of Mother	Laura Cecelia Christopher
6. Mother's Maiden Name	Mullin
7. Mother's Birthplace	Balto. City. Md.
8. Full Name of Father	Wm. W. Christopher
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Balto. City. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH.

~~30158~~
30157

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24 1879
4. Place of Birth (Street and Number)	288 Riverside av
5. Full Name of Mother	Elizebeth Lachum
6. Mother's Maiden Name	Elizebeth Gibbons
7. Mother's Birthplace	City
8. Full Name of Father	John Lachum
9. Father's Occupation	Mechanic
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	J C Bebobble Md
Address	17 Warren av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30158

HEALTH DEPT MAR 28 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colorde race
3. *Date of Birth* March the 24-18-79
4. *Place of Birth (Street and Number)* 215 Mulikin St Baltimore m d
5. *Full Name of Mother* Mary Ann Guilurd
6. *Mother's Maiden Name* Mary Ann young
7. *Mother's Birthplace* Dorchesstor County Md
8. *Full Name of Father* James Guilurd
9. *Father's Occupation* oysters. Shucker
10. *Father's Birthplace* Baltimore m d

Name of Medical Attendant, or other Person who makes this Return. Lurinda Woolford

Address 130 Regesster St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30159

HEALTH DEPT BALTIMORE MAR 28 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 24th 1879
4. *Place of Birth (Street and Number)* No 27 Armstead Lane.
5. *Full Name of Mother* Anna Mitchel
6. *Mother's Maiden Name* Noble
7. *Mother's Birthplace* America
8. *Full Name of Father* Samuel Mitchel
9. *Father's Occupation* Engineir
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser midwife

Address 330 Hanover st

Remarks

30160

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5).

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth,* March 24th, 1879. — 3 o'clock, A. M.
4. *Place of Birth (Street and Number)* N. E. Cor. Fayette & Wolfe Sts, No. 362.
5. *Full Name of Mother* Mrs. Mary Blume.
6. *Mother's Maiden Name* Miss. Mary Zink.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Frederick Blume.
9. *Father's Occupation* Restaurant.
10. *Father's Birthplace* Hessen-Cassell, Germany.

Name of Medical Attendant, or other Person who makes this Return. Barber, Miss Zebaum

Address No. 28. N. Frederick St. Le M.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30161

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 March
4. *Place of Birth (Street and Number)* No 101 Mulliken St
5. *Full Name of Mother* Ellen Webber
6. *Mother's Maiden Name* Willson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Webber
9. *Father's Occupation* Paper hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 1070 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30162

HEALTH DEPARTMENT
MAR 31 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 24
4. *Place of Birth (Street and Number)* Hubert St Balto
5. *Full Name of Mother* Mary V King
6. *Mother's Maiden Name* Mary V Dare
7. *Mother's Birthplace* Albemarle Co Va
8. *Full Name of Father* Edward R King
9. *Father's Occupation* Labor
10. *Father's Birthplace* Palmyra Fluvanna Co Va

Name of Medical Attendant, or other Person who makes this Return. Ethel

Address No 110 Hubert 2nd

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 31 1879 BALTIMORE

Daniel Nathaney Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth march 24 1879
4. Place of Birth (Street and Number) 144 aron st
5. Full Name of Mother Louisa H Brown
6. Mother's Maiden Name Louisa H nathaney
7. Mother's Birthplace Baltimore City
8. Full Name of Father James A Brown
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Collington Avenue

Remarks 5-8 53

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

301614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 18 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24 1879
4. Place of Birth (Street and Number)	484 Eutaw Square
5. Full Name of Mother	Kate Jenkins
6. Mother's Maiden Name	Kate A Shaw
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alfonso L. Jenkins
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 Archard
Remarks	Baltimore

30165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 46

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 24. 1879

4. Place of Birth (Street and Number) N. Durham str N 6.

5. Full Name of Mother Margaretha Holthaus

6. Mother's Maiden Name " Ales

7. Mother's Birthplace " Baltimore

8. Full Name of Father Philip Holthaus

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address S Wolf str 428

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30166

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 24th 1879
4. Place of Birth (Street and Number) No 68 East Biddle St
5. Full Name of Mother Alma Leibman
6. Mother's Maiden Name Alma
7. Mother's Birthplace Germany
8. Full Name of Father Moritz Leibman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa A C Overton

Address No 10 North Wolf St

Remarks Live Born

RETURN OF A BIRTH.

30167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24th March
4. *Place of Birth (Street and Number)*	180 Battery avenue
5. *Full Name of Mother*	Catharine Lambert
6. *Mother's Maiden Name*	Catharine Ford
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John W Lambert
9. *Father's Occupation*	Caulker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H W Webb M D
Address	57 Barnes
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30168

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 24 1879
4. Place of Birth (Street and Number)	No 229 E Fayette
5. Full Name of Mother	Emma J Leatherbury
6. Mother's Maiden Name	Emma J LaTeeter
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Franklin W Leatherbury
9. Father's Occupation	Can Maker
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 McDonogh st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30169

HEALTH DEPARTMENT
MAR 27 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Mch 24
4. *Place of Birth (Street and Number)*	126 Riverside ave
5. *Full Name of Mother*	Ida Feuerstein
6. *Mother's Maiden Name*	Hannah Hendricks
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Louis Feuerstein
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Stark
Address	
Remarks	

RETURN OF A BIRTH.

30170

HEALTH DEPT. MAR 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th
4. Place of Birth (Street and Number)	228 William St
5. Full Name of Mother	Isabel Virginnia Sunstrom
6. Mother's Maiden Name	Isabel Virginia Wilson
7. Mother's Birthplace	Baltimore City M. D
8. Full Name of Father	Oalvin Sunstrom
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore City M. D
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conway midwife
Address	228 William St
Remarks	Delayed

advise at the birth of any child within the City of Baltimore, shall report to the registrar afor
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or chi
born, its or their physical condition, whether still born or not, the full name, nativity, and resi
of the parents, and the maiden name of the mother of such child or children

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HEALTH DEPARTMENT
MAR 29 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, &c.)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* March 25th 1879.
4. *Place of Birth (Street and Number)* 219, Hoffman St.
5. *Full Name of Mother* Mary Simmonds,
6. *Mother's Maiden Name* Mary Bey
7. *Mother's Birthplace* Balt City.
8. *Full Name of Father* Anselmo Simmonds
9. *Father's Occupation* Merchant
10. *Father's Birthplace* New Orleans, La

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozer M.D.

Address " " "

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 23th 1879
4. *Place of Birth (Street and Number)* No 3 Gough st
5. *Full Name of Mother* Emma Butler
6. *Mother's Maiden Name* " Carr
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Butler
9. *Father's Occupation* Porter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second -
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 25th 1879
4. Place of Birth (Street and Number)	344 Franklin St -
5. Full Name of Mother	Mary Elizabeth Harman Bartholow
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Ebenezer Harman.
9. Father's Occupation	Engineer.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH.

30174

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th of March. 1879
4. *Place of Birth (Street and Number)* Essex Street No 36.
5. *Full Name of Mother* Pauline ~~Winkleder~~ Feind.
6. *Mother's Maiden Name* " Winkleder.
7. *Mother's Birthplace* Penig.
8. *Full Name of Father* Louis Feind
9. *Father's Occupation* Stove Finisher.
10. *Father's Birthplace* Waikensen.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 13 Patterson Park Ave

Remarks

RETURN OF A BIRTH.

30175

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Mail
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March the 28th 1879
4. *Place of Birth (Street and Number)*	No 12 st No 20 Baltimore
5. *Full Name of Mother*	Elizabeth Mary Hutchison
6. *Mother's Maiden Name*	Elizabeth Mary Dean
7. *Mother's Birthplace*	Saint Marys Co MD
8. *Full Name of Father*	Edward M Hutchison
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Montgomery Co MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Faulkner
Address	293 Ramsay st Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25th March 1879
4. Place of Birth (Street and Number) Sibley st No 122
5. Full Name of Mother Julie Roham
6. Mother's Maiden Name " Morgenroth
7. Mother's Birthplace Germany
8. Full Name of Father Heinrich Roham
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

~~30176~~
30177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 25 March 1879
4. *Place of Birth (Street and Number)* No 79 Jefferson Tee
5. *Full Name of Mother* Caty Taler
6. *Mother's Maiden Name* Caty ~~[illegible]~~ Snowdin
7. *Mother's Birthplace* Baltim City
8. *Full Name of Father* Spence Taler
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Porth

Address William No 70

Remarks Chesnut Street Mother [illegible]

Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 25th 1879
4. *Place of Birth (Street and Number)* 4 Pleasant st.
5. *Full Name of Mother* Horather Batzer
6. *Mother's Maiden Name* Horather Christ
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Batzer
9. *Father's Occupation* Lager beer Saloon
10. *Father's Birthplace* York

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegast

Address no 152 E Monument st

Remarks

30179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 des Kind.

1. Sex (state whether Male or Female) Mädgen
2. Race or Color (if not of the white race) Weiß.
3. Date of Birth geboren den 25 Mertz.
4. Place of Birth (Street and Number) No 2 Schaggel St.
5. Full Name of Mother Katrine Rodt.
6. Mother's Maiden Name Katrine Bergmann.
7. Mother's Birthplace geboren in Deudschland
8. Full Name of Father Frank Rodt.
9. Father's Occupation Gandarbeider.
10. Father's Birthplace Deudschland.

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann.

Address S. Dallas. St.

Remarks Gebame.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

30180

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 26th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 25th 1879.
4. *Place of Birth (Street and Number)* 167 Bank St cor. Wolfe
5. *Full Name of Mother* Mary Wehr.
6. *Mother's Maiden Name* Mary Schick.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Christoph Wehr.
9. *Father's Occupation* Milk Dairy.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30181

HEALTH DEPARTMENT
MAR 28 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	26 March
4. *Place of Birth (Street and Number)*	40 Constitution St
5. *Full Name of Mother*	Agnus Carter
6. *Mother's Maiden Name*	Wilson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Carter
9. *Father's Occupation*	Farmer of Eastern Maryland
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrismer
Address	No 7 Fosters Alley
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30182

HEALTH DEPARTMENT BALTIMORE MAR 25 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 March
4. Place of Birth (Street and Number)	Hillen St Bridge
5. Full Name of Mother	Mary Flynn
6. Mother's Maiden Name	Kane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Flynn
9. Father's Occupation	Miner & Water
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm A Chrisman
Address	No 7 Forest Place
Remarks	

30183

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 26 Mch. 1879
4. *Place of Birth (Street and Number)* Cathedral St extended
5. *Full Name of Mother* Margaret Raymond
6. *Mother's Maiden Name* " Burbridge
7. *Mother's Birthplace* Penna
8. *Full Name of Father* Jno H Raymond
9. *Father's Occupation* laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address 129 W Biddle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 26th 1879
4. *Place of Birth (Street and Number)* No 211 N Eden St
5. *Full Name of Mother* Mary Jane Jolly
6. *Mother's Maiden Name* " " Harriman
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* George Columbus Jolly
9. *Father's Occupation* Clerk
10. *Father's Birthplace* J Balto. Md

Name of Medical Attendant, or other Person who makes this return J. Ridgway Andre M.D.

Address No 121 E Balto St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 March 1879
4. *Place of Birth (Street and Number)* 81 Broadway
5. *Full Name of Mother* Lizie Hibsmann
6. *Mother's Maiden Name* Friedel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Hibsmann
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Warner

Address 52 C Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30186

HEALTH DEPARTMENT MAR 31 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 March 1879
4. *Place of Birth (Street and Number)* 60 Grants St
5. *Full Name of Mother* Katherina Peleva
6. *Mother's Maiden Name* King
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Peleva
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* mar 26
4. *Place of Birth (Street and Number)* 81 ~~[illegible]~~ surder st
5. *Full Name of Mother* martha Gill
6. *Mother's Maiden Name* martha stuard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James gill
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs leor johnson

Address no 32 short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30188

RETURN OF A BIRTH.

MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 26th - 1879
4. Place of Birth (Street and Number)	Hollins St No 23-4 Balt-Md
5. Full Name of Mother	Laura Virginia Bell
6. Mother's Maiden Name	" " Conty
7. Mother's Birthplace	Harford Co Md
8. Full Name of Father	Samuel W Bell
9. Father's Occupation	Stone - Cutter
10. Father's Birthplace	Balt - Md
Name of Medical Attendant, or other Person who makes this Return.	Wm T F Larkin M D
Address	No 763 W Pratt St
Remarks	Principia, Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30189

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
8
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	March 26
4. *Place of Birth (Street and Number)*	299 S. Eutaw St
5. *Full Name of Mother*	Jinnie Johns
6. *Mother's Maiden Name*	Jinnie V. Dotson
7. *Mother's Birthplace*	Carroll Co. Md.
8. *Full Name of Father*	Jefferson W. Johns
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Caroline Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upsher
Address	150 S. Eutaw St.
Remarks	

30190

HEALTH DEPARTMENT
APR 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1879
4. Place of Birth (Street and Number) 353 Light St.
5. Full Name of Mother Lizzie J. Herges
6. Mother's Maiden Name Lizzie J. Miskimon
7. Mother's Birthplace Balto City
8. Full Name of Father George E Herges
9. Father's Occupation Confectioner
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margt A. Richmond

Address No 185 Lee St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30191

HEALTH DEPARTMENT
APR 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1879
4. Place of Birth (Street and Number) No 233 S. Eutaw S.
5. Full Name of Mother Carrie W. Brashears
6. Mother's Maiden Name Carrie W. Smith
7. Mother's Birthplace Balto City
8. Full Name of Father George W. Brashears
9. Father's Occupation Brakeman B. C. R. R.
10. Father's Birthplace Prince George Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margt A. Richmond

Address 185 Lee S.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30192

HEALTH DEPAR
APR
15
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sharp & Montgomery Sts
4. *Place of Birth (Street and Number)*	March 26. 1879
5. *Full Name of Mother*	Elizabeth Martin
6. *Mother's Maiden Name*	" " Plowman
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	William Martin
9. *Father's Occupation*	paper Box Making
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary A. Lechmere
Address	185 Lee St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30193

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 4 30 P.M. 1879
4. Place of Birth (Street and Number) 127 S. Eden Street
5. Full Name of Mother Catharine Lebrun
6. Mother's Maiden Name Catharine Pape
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Thomas Lebrun
9. Father's Occupation Iron Worker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street.

Remarks

30194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1d

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 26th March 1879
4. Place of Birth (Street and Number) 35 Waeschert
5. Full Name of Mother Lina Vogel
6. Mother's Maiden Name Lina Kuemmerling
7. Mother's Birthplace Gerau Sachsen Coburg Gotha (Germany)
8. Full Name of Father Wigand Vogel
9. Father's Occupation Blacksmith
10. Father's Birthplace Lisberg (Germany)

Name of Medical Attendant, or other Person who makes this Return. J. M. Heldmann M.D.

Address 120 Pearl St - Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 des Kind.

1. Sex (state whether Male or Female) Sub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren den 26 Mörtz.
4. Place of Birth (Street and Number) No 226 Canton Av.
5. Full Name of Mother Meri Christine Schönemolf.
6. Mother's Maiden Name M Christine Gibeler.
7. Mother's Birthplace Deudschland
8. Full Name of Father Heinrich Schönemolf.
9. Father's Occupation Gandarbeider.
10. Father's Birthplace Deudschland.

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufman.

Address 204 S. Dallas. Str.

Remarks Gebame.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 26th 1879.
4. *Place of Birth (Street and Number)* No. 90 Fulton St.
5. *Full Name of Mother* Emma Cary.
6. *Mother's Maiden Name* Emma Cary
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Joseph Mosk
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. J. Lennan

Address No. 435 W. Mc Henry St.

Remarks Strong healthy child

RETURN OF A BIRTH.

3019

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 26 1879
4. Place of Birth (Street and Number)	No 123 Milliken St
5. Full Name of Mother	Elizabeth A Nelson
6. Mother's Maiden Name	Elizabeth A Green
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George H Nelson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Atwell
Address	256 McDonough St
Remarks	

30198

HEALTH DEPARTMENT
APR
1
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) —

3. Date of Birth March 26th 1879

4. Place of Birth (Street and Number) Johnson Street No 48

5. Full Name of Mother Margareth Edelman

6. Mother's Maiden Name Margareth Mueller

7. Mother's Birthplace Baltr Md.

8. Full Name of Father John Edelman

9. Father's Occupation Labor

10. Father's Birthplace Baltr Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address No 114 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30199

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26th 1879
4. *Place of Birth (Street and Number)* Henrietta Howard sts
5. *Full Name of Mother* Anna Pamphillion
6. *Mother's Maiden Name* Anna Kitten
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wesley D. Pamphillion
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

30200

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* mar 27
4. *Place of Birth (Street and Number)* 64 mulican st
5. *Full Name of Mother* harriett Gillmore
6. *Mother's Maiden Name* harriett Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gillmore
9. *Father's Occupation* waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address no 32 short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30201

HEALTH DEPT APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27th of March
4. *Place of Birth (Street and Number)* Federal St.
5. *Full Name of Mother* Mary Herbert.
6. *Mother's Maiden Name* Moor
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Herbert.
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 24 Cathedral St.

Remarks

RETURN OF A BIRTH.

30202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPA[illegible] APR 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Boy & Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	409 No cutow Ins
4. Place of Birth (Street and Number)	27 March 1879.
5. Full Name of Mother	Thenne yete forenife
6. Mother's Maiden Name	Thenne yete ornold
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bob ornold
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Nazarenus
Address	Russell Str No 70
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 March 1879
4. *Place of Birth (Street and Number)* 19 Alice Anna st
5. *Full Name of Mother* Caroline Jones
6. *Mother's Maiden Name* " Nee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Krafft

Address 236 Canton Avenue

Remarks

30204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 27th March 1879
4. Place of Birth (Street and Number) 69 Bank st
5. Full Name of Mother Virginia Walters
6. Mother's Maiden Name " Hurdle
7. Mother's Birthplace America
8. Full Name of Father Karl Walters
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address 236 Canton Avenue

Remarks

HEALTH DEPT. APR 7 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

30205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
APR
4
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 March 1879
4. Place of Birth (Street and Number) little McElderry st No 51
5. Full Name of Mother Theresa Stubler
6. Mother's Maiden Name " Stelff
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Stubler
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Mackenrodt

Address S. C Easel st.

Remarks

1

30206

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 5 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 27th 1879
4. *Place of Birth (Street and Number)* Caroline St near Eastern Ave
5. *Full Name of Mother* Jane Harris Butler
6. *Mother's Maiden Name* Jane Harris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Butler
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* St Marys Co. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Quinn

Address Holy 171 Washington St.

Remarks

30207

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) teth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27
4. *Place of Birth (Street and Number)* White Alley No. 12
5. *Full Name of Mother* Lissy Hiltner
6. *Mother's Maiden Name* Lissy Joust
7. *Mother's Birthplace* Hesen domstot germany
8. *Full Name of Father* John Hiltner
9. *Father's Occupation* tailler
10. *Father's Birthplace* Hesen domstot germany

Name of Medical Attendant, or other Person who makes this Return.

Address Ann Dunlop 60 Sheroton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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15

30208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth March 27, 1879

4. Place of Birth (Street and Number) O Lombardstr No 356

5. Full Name of Mother Apolone Schoenig

6. Mother's Maiden Name Walthaus

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Schoenig

9. Father's Occupation Schohmaker

10. Father's Birthplace Kirchzelt Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh Baupach

Address S Wolfstr 428

Remarks Midwife

30209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 27th
4. Place of Birth (Street and Number) 56 Fulton Ave.
5. Full Name of Mother Josephine Habighurst
6. Mother's Maiden Name Josephine Gobright
7. Mother's Birthplace Balt. City
8. Full Name of Father George Habighurst
9. Father's Occupation Clerk
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Mommonier M.D.

Address S. W. Calvert & Read sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 27. 1879.
4. *Place of Birth (Street and Number)* East St. No. 193
5. *Full Name of Mother* Magdalena Weber
6. *Mother's Maiden Name* Magdalena Fischer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Ch. Weber
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Osnabrück. Fr. Prussian. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 27th 1879
4. *Place of Birth (Street and Number)* Baltimore Wood St No 385
5. *Full Name of Mother* Mary Ann Gorney
6. *Mother's Maiden Name* Mary Ann Hissey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Gorney
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Mary Thaffer

Address No 415 South Paca St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

202 1/2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 27th 1879
4. *Place of Birth (Street and Number)* Battery Av. No 69.
5. *Full Name of Mother* Eliza Ball
6. *Mother's Maiden Name* Eliza Schmeider
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Ball
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Theodore Brune

Address No 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30213

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mch 29
4. *Place of Birth (Street and Number)* 406 Calhoun St
5. *Full Name of Mother* Mary Gartrell
6. *Mother's Maiden Name* Mary Hart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Davis Gartrell
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Co. (Cliftons)

Name of Medical Attendant, or other Person who makes this Return.

Address A. C. Poly Nor Boundary Ave Nr Druid Hill Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

302114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27th
4. *Place of Birth (Street and Number)* Forest st No 9
5. *Full Name of Mother* Margret Kennet
6. *Mother's Maiden Name* Hanfstengel
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Conrad Kennet
9. *Father's Occupation* Laboror
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Katherin Doll

Address 57 Bankate St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30215

HEALTH DEPARTMENT ADD. BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 27th 1897

4. *Place of Birth (Street and Number)* Maternity Hospital 1630 Lombard St

5. *Full Name of Mother* Annie Middleton

6. *Mother's Maiden Name* " "

7. *Mother's Birthplace* Rocky Va.

8. *Full Name of Father* Unknown

9. *Father's Occupation* " "

10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. J. H. Branham M.D.

Address 1622 W Lombard St.

Remarks Labour was normal and the mother and Child are doing well J. H. B.

~~27216~~
30216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 29th 1879

4. Place of Birth (Street and Number) No 23 Walker St

5. Full Name of Mother A. Shinnick

6. Mother's Maiden Name Eskridge

7. Mother's Birthplace City

8. Full Name of Father Shinnick

9. Father's Occupation House Carpenter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

~~2~~ 30217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. MAR 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 march
4. *Place of Birth (Street and Number)* Saint Peter St 102
5. *Full Name of Mother* Carline Berges
6. *Mother's Maiden Name* Carline Auffhua
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John H Berges
9. *Father's Occupation* musich teacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Seibach

Address 439 W Pratt

Remarks

30218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* the 28 of Marg.
4. *Place of Birth (Street and Number)* No 203 Iron and Conrecuadra
5. *Full Name of Mother* Eliespat Herpat.
6. *Mother's Maiden Name* Eliespat Schaifer.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* G George Schaifer
9. *Father's Occupation* Shl Schau Mager
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer.

Remarks (173 Harfer ave)

(1 8 14)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 March
4. *Place of Birth (Street and Number)* S.E. cor Washington & Eutaw St.
5. *Full Name of Mother* Louisa Folk
6. *Mother's Maiden Name* Louisa E. Kenney
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Andrew Folk
9. *Father's Occupation* Wood Turner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. L. Rutt

Address No 185 Central Ave cor Monument St

Remarks All well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

39920

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 29 1879
4. Place of Birth (Street and Number) 709½ Baltimore Street
5. Full Name of Mother Ida M. Vonhartin
6. Mother's Maiden Name Ida M Kuhn
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lucy Vonhartin
9. Father's Occupation Salesman
10. Father's Birthplace Charleston S.C.

Name of Medical Attendant, or other Person who makes this Return. F. K. Wiley M.D.

Address Corner Hanover & Lee Streets

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPT. APR 3 1879 BALTIMORE

30221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Molatter
3. *Date of Birth* March 28th 1879
4. *Place of Birth (Street and Number)* 380 Cross Street
5. *Full Name of Mother* Georganna Taylor
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Caroline County Maryland
8. *Full Name of Father*
9. *Father's Occupation* Not Known
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return E. Deboute Thomas

Address 71 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30229

HEALTH DEPARTMENT
APR
7
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) dark

3. Date of Birth March 28th 1879

4. Place of Birth (Street and Number) No 9 Hulls lane Balto

5. Full Name of Mother Rachel Elliot

6. Mother's Maiden Name Rachel Gale

7. Mother's Birthplace MD

8. Full Name of Father John Elliot

9. Father's Occupation Laborer

10. Father's Birthplace MD

Name of Medical Attendant, or other Person who makes this Return. Police Chaplain

Address No 77 Mulligan St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30223

HEALTH DEPARTMENT
APR 4 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 3d

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27th 1879
4. *Place of Birth (Street and Number)* 36 Brune St.
5. *Full Name of Mother* Mary Foreman
6. *Mother's Maiden Name* Loftus
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Valentine Foreman
9. *Father's Occupation* Letter Carrier Balt P.O.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H L Thompson

Address 379 W. Lombard St

Remarks

30224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colloured
3. *Date of Birth* March 28 79
4. *Place of Birth (Street and Number)* No 1 Knox Court
5. *Full Name of Mother* Martha Lawrence
6. *Mother's Maiden Name* Martha Cole
7. *Mother's Birthplace* Baltimore County N.R.I.
8. *Full Name of Father* Owen Lawrence
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Tolbert Co Eastern Shore N.R.I.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 25 West Raboury st

Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30225

HEALTH DEPARTMENT
APR 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* March 28th 1879.
4. *Place of Birth (Street and Number)* Johnson Street. No 91.
5. *Full Name of Mother* Eliza Mehlhenry.
6. *Mother's Maiden Name* Eliza Trunz
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Ch. Mehlhenry.
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns.

Address No 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30226

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1879
4. Place of Birth (Street and Number)	1st S Johnson
5. Full Name of Mother	Angie Heikle
6. Mother's Maiden Name	Angie Shier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Heikle
9. Father's Occupation	Painter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

RETURN OF A BIRTH.

30227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 28th 1879
4. *Place of Birth (Street and Number)* No 151 Hamburg st
5. *Full Name of Mother* Elizebeth Ramsey
6. *Mother's Maiden Name* " Weaver
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Albert G Ramsey
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs C. A. Lewis

Address 162 Hanover st

Remarks

RETURN OF A BIRTH.

30228

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* mar 29
4. *Place of Birth (Street and Number)* no 9 south Bethel st
5. *Full Name of Mother* amelia Boons
6. *Mother's Maiden Name* amelia Benson
7. *Mother's Birthplace* talbert co md
8. *Full Name of Father* parhefth Boon
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* anerandal co

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male 4
2. Race or Color (if not of the white race) Colored
3. Date of Birth March # 29 1879
4. Place of Birth (Street and Number) Mac Elderry St No 4-6
5. Full Name of Mother Annie Lorden
6. Mother's Maiden Name Annie Brotton
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lorna S. H. Lorden
9. Father's Occupation Brick Maker
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Henrietta Glasscott

Remarks

No Mac Elderry St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30230

APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1879
4. Place of Birth (Street and Number)	713 Columbia Avenue
5. Full Name of Mother	Ellie Reeder
6. Mother's Maiden Name	Ellie Mears
7. Mother's Birthplace	Virginia
8. Full Name of Father	Perkins Reeder
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reuben Cook M.D.
Address	
Remarks	

30231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29th of March
4. *Place of Birth (Street and Number)* No. 366 south Sharp street
5. *Full Name of Mother* Emma Rausch
6. *Mother's Maiden Name* Emma Duden
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Rausch
9. *Father's Occupation* Pianomaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 98 Leadenhall street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312321

HEALTH DEPT APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29th of March.
4. *Place of Birth (Street and Number)* 242 Constitution St.
5. *Full Name of Mother* Sallie Hitchcock
6. *Mother's Maiden Name* Stuck
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Joseph Hitchcock
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St

Remarks

RETURN OF A BIRTH.

30233

HEALTH DEPT. APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29 1879
4. *Place of Birth (Street and Number)* 5 Walker Str.
5. *Full Name of Mother* Karolein Miller
6. *Mother's Maiden Name* Karol. Jager
7. *Mother's Birthplace* German
8. *Full Name of Father* Niklaus Miller
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudiger

Address 134 S. Bond Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

302311

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* 4th March
3. *Date of Birth* 29th of March
4. *Place of Birth (Street and Number)* 283 Orleans St
5. *Full Name of Mother* Augusta Lochmann
6. *Mother's Maiden Name* Annie Selber
7. *Mother's Birthplace* State of Baltimore
8. *Full Name of Father* Emil Lochmann
9. *Father's Occupation* Butcher
10. *Father's Birthplace* State of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Fisher

Address 83 Inn Street

Remarks

30235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 29 March 1879
4. *Place of Birth (Street and Number)* No 54 Gallant St
5. *Full Name of Mother* Mary Jane Cary
6. *Mother's Maiden Name* Mary Jane Smith
7. *Mother's Birthplace* Balti City
8. *Full Name of Father* George Cary
9. *Father's Occupation* Later
10. *Father's Birthplace* Baltimore St

Name of Medical Attendant, or other Person who makes this Return. Routh Wm

Address No 70 Summit Ster

Remarks Mother and Child doing Wm

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30236

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Negro.
3. *Date of Birth* March 29th 1879
4. *Place of Birth (Street and Number)* No. 182 George st.
5. *Full Name of Mother* Mary E. Booze.
6. *Mother's Maiden Name* Mary E. Owings.
7. *Mother's Birthplace* Anne Arundel Co. Md.
8. *Full Name of Father* Stephen A. Booze.
9. *Father's Occupation* Coal business
10. *Father's Birthplace* Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner

Address No. 120 N. Greene st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 29th 1879
4. Place of Birth (Street and Number) No 287 Canton Avenue
5. Full Name of Mother Mary Myers
6. Mother's Maiden Name Mary Deal
7. Mother's Birthplace Baltimore
8. Full Name of Father August Myers
9. Father's Occupation Cigar Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address No 193 South Eutaw St.

Remarks Healthy Child

30238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1879
4. *Place of Birth (Street and Number)* 73 Hollins St
5. *Full Name of Mother* S. A. Lewis
6. *Mother's Maiden Name* Sallie A Spadie
7. *Mother's Birthplace* Norfolk Va
8. *Full Name of Father* George Edward Lewis
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Mo

Address 379 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30239

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1879
4. *Place of Birth (Street and Number)* No 248 Barre St. Balt. City
5. *Full Name of Mother* Elizabeth Ann McCahan
6. *Mother's Maiden Name* " " Talbott.
7. *Mother's Birthplace* New York City N. Y.
8. *Full Name of Father* Edward Luther McCahan
9. *Father's Occupation* Dispatcher of Engines B & O R. R. Riverside
10. *Father's Birthplace* Fredericks City Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M.D.

Address No 203 W. Lombard St.

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 4 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 29 — 1879
4. *Place of Birth (Street and Number)* No 205 Light st
5. *Full Name of Mother* Louise Henkelbein
6. *Mother's Maiden Name* Gieseking
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Carl Henkelbein
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Mädchen.
2. Race or Color (if not of the white race)	weiß.
3. Date of Birth	d. 29 März 1879.
4. Place of Birth (Street and Number)	Baltimore Canton St.
5. Full Name of Mother	Marie Flory.
6. Mother's Maiden Name	Matheas
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johann. Flory.
9. Father's Occupation	Farmer.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmen.
Address	O'Donell St. 21.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white race
3. Date of Birth March the 29th
4. Place of Birth (Street and Number) Baltimore Counton St 38
5. Full Name of Mother Margret Lambert
6. Mother's Maiden Name Margret Pierce
7. Mother's Birthplace Baltimore
8. Full Name of Father Eligah Lambert
9. Father's Occupation Boat Bilder
10. Father's Birthplace Anraldal County

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Flathorn

Address Fort av No. 42

Remarks

RETURN OF A BIRTH.

302143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who attend, as
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within
the latter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ph
whether still-born or not, the full name, nativity, and residence of the parents, and the ma
name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 29th
4. *Place of Birth (Street and Number)*	190 Charles St.
5. *Full Name of Mother*	Catharine Phillips
6. *Mother's Maiden Name*	Leutz
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Henry Phillips
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S. Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

302414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th of March 1879
4. Place of Birth (Street and Number)	120 North East Monument st
5. Full Name of Mother	Justina Robert
6. Mother's Maiden Name	Justina Brien
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Brien
9. Father's Occupation	Laborman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cresancia Kunkel
Address	11 North Chapel st Justina Kunkel
Remarks	Healthy.

30915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 March
4. *Place of Birth (Street and Number)* 121 Bidle st
5. *Full Name of Mother* Isabell Wilson
6. *Mother's Maiden Name* Isabell Poston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Wilson
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Bulk

Address No 185 Central Av or Monument st

Remarks All well

That any physician, accoucheur, midwife, or other person in charge, who shall atte
advise at the birth of any child, within the City of Baltimore, shall report to the regist
within six days thereafter, stating distinctly the date of birth, sex, and color of the child
born, its or their physical condition, whether still born or not, the full name, nativity, and
the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital S[illegible], Board of Health,

BALTIMORE CITY.

30246

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30 1879
4. *Place of Birth (Street and Number)* 263 S Dallas St
5. *Full Name of Mother* Emma Gross
6. *Mother's Maiden Name* Emma Forster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gross
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Mary Jacobs

Address 99 S Lancaster St

Remarks

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30247

HEALTH DEPAT
APR
3
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child of Mother

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 March 1879
4. *Place of Birth (Street and Number)* Baltimore Dorham St No 279
5. *Full Name of Mother* Mary Barn
6. *Mother's Maiden Name* Mary Tesars
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Jim Tesars
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. Mary Kontis

Address 69 Washington St

Remarks Baltimore M D

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30248

HEALTH DEPA[illegible] APR 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child of Baltimore

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 March 1879 [illegible]
4. *Place of Birth (Street and Number)* Baltimore Central Ave 89
5. *Full Name of Mother* [illegible] Bading
6. *Mother's Maiden Name* Lorh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Sarh
9. *Father's Occupation* Rogers
10. *Father's Birthplace* Botamer

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 69 [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth the 30 March

4. Place of Birth (Street and Number) No 141 East Pratt St

5. Full Name of Mother Mary A Dressel

6. Mother's Maiden Name Mary A Hoffman

7. Mother's Birthplace Baltimore Md

8. Full Name of Father George Elias Dressel

9. Father's Occupation Baker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lauben Reiß Gebauer

Address No 26 E Lenick Wit L M L

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30 March 1879
4. Place of Birth (Street and Number) 226 S. Linn st
5. Full Name of Mother Johanna Brenner
6. Mother's Maiden Name " Rust
7. Mother's Birthplace Germany
8. Full Name of Father Heinrich Brenner
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

30251

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White "
3. Date of Birth	30th March
4. Place of Birth (Street and Number)	74 Pearl Strut Balto
5. Full Name of Mother	Mrs Mary Wolfangle
6. Mother's Maiden Name	Miss Mary Spenner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. Wolfangle
9. Father's Occupation	Painter & Glazier
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ebach
Address	
Remarks	

30252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th 1879
4. Place of Birth (Street and Number)	N.W. cor Franklin & Park Sts.
5. Full Name of Mother	Mary Key Gilmor
6. Mother's Maiden Name	Mary Key
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Johnson Jr
9. Father's Occupation	Baltimore Co.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles St
Remarks	Balto

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th 1879
4. Place of Birth (Street and Number)	No 39½ Courtland Street
5. Full Name of Mother	Ida Lewis Wood
6. Mother's Maiden Name	Ida Lewis Perry
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Allen Wood jr
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace	Osborne Hollow Broome Co N York
Name of Medical Attendant, or other Person who makes this Return.	G H Starr Md
Address	No 16 N Liberty Street
Remarks	First presentation of the Head, Labor six hours. Weight 7½ lbs

302514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4 t

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 30. 1879
4. *Place of Birth (Street and Number)* S. Broadway 249
5. *Full Name of Mother* Barbara Steer
6. *Mother's Maiden Name* Fossuld
7. *Mother's Birthplace* Bettenl Bayern
8. *Full Name of Father* Johan Steer
9. *Father's Occupation* Löhner
10. *Father's Birthplace* Lele Bayern

Name of Medical Attendant, or other Person who makes this Return. Dr. Joh. Baugach

Address S. Wolf str 128

Remarks Midwife

RETURN OF A BIRTH.

30253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Born march 30.
4. *Place of Birth (Street and Number)* Allegania St. no 307
5. *Full Name of Mother* Anna cathrin Diggs
6. *Mother's Maiden Name* Anna cathrin [redacted] ragner
7. *Mother's Birthplace* Baltimore city St Maryland
8. *Full Name of Father* James Diggs
9. *Father's Occupation* laber
10. *Father's Birthplace* Baltimore city St. Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. [redacted]

Address No 12 Patterson Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30256

HEALTH DEPARTMENT
APR
1
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 30 79
4. Place of Birth (Street and Number)	No 169 E Fayette
5. Full Name of Mother	Mary A Jones
6. Mother's Maiden Name	Mary A Gordon
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas Jones
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mudd
Address	286 N Eutaw st
Remarks	

RETURN OF A BIRTH.

30257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 30th 1879
4. *Place of Birth (Street and Number)*	Maternite Hospital 163 W Lombard St
5. *Full Name of Mother*	Maggie Sewears
6. *Mother's Maiden Name*	Maggie Muennikhuizen
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	J H Branham M.D.
Address	163 W Lombard St.
Remarks	Mother & Child doing well

30258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar 30th
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W Lombard St
5. *Full Name of Mother* Mary Dunn
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. J H Branham House Physician

Address 163 W Lombard St

Remarks Mother & Child are doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar 30th 79
4. *Place of Birth (Street and Number)* Maternity Hospital 163 W Lombard St
5. *Full Name of Mother* Mary Lewis
6. *Mother's Maiden Name* Unknown
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. J H Branham House physician

Address 163 W Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 30th 1879

4. *Place of Birth (Street and Number)* Maternity Hospital 163 No Lombard st.

5. *Full Name of Mother* Ellen Hopkins

6. *Mother's Maiden Name* Ellen Wrinks

7. *Mother's Birthplace* Penna

8. *Full Name of Father* John H Hopkins

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. L H Branham M D.

Address 163 N Lombard St

Remarks Mother & Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30261

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 30th 79
4. Place of Birth (Street and Number) 147 Penna Ave
5. Full Name of Mother Ellen Bibelhizer
6. Mother's Maiden Name Ellen Maund
7. Mother's Birthplace Md
8. Full Name of Father Francis Bibelhizer
9. Father's Occupation Farmer
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address 89 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30962

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 31st 1879
4. *Place of Birth (Street and Number)* Elizabeth Hoffman
5. *Full Name of Mother* " Brother
6. *Mother's Maiden Name* Forest St 75
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Hoffman
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germa

Name of Medical Attendant, or other Person who makes this Return. Wm C Kelly

Address 49 Holland Street

Remarks

30263.

RETURN OF A BIRTH.

HEALTH DEPT. APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 31
4. *Place of Birth (Street and Number)* Hinrelthal St. 145.
5. *Full Name of Mother* Elisabetha Thornhals
6. *Mother's Maiden Name* Elisabetha Zuntermann
7. *Mother's Birthplace* Kreis Bredon bezerc allens Berg Prinson
8. *Full Name of Father* ~~Elisabetha~~ Thornhals Adam
9. *Father's Occupation* Hoc-s ther
10. *Father's Birthplace* Grünberg Hessen Darmstadt Ger.

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 48. Leadenhall st rd

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312611

HEALTH DEPT APR 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31 d. 1879
4. Place of Birth (Street and Number)	22 Walker str.
5. Full Name of Mother	Margret Bruning
6. Mother's Maiden Name	Margret Wich
7. Mother's Birthplace	Germane
8. Full Name of Father	Johan Bruning
9. Father's Occupation	Hofmaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 E. Bondstr.
Remarks	

RETURN OF A BIRTH.

30265

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31st March 1879
4. Place of Birth (Street and Number) 206 Eastern Avenue
5. Full Name of Mother Diana Stolbe
6. Mother's Maiden Name " Greif
7. Mother's Birthplace Germany
8. Full Name of Father Dietrick Stolte
9. Father's Occupation Storekeeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Kisaft

Address 236 Canton Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The record of Vital Statistics in the City of Baltimore.

30266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
B
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 of Marth 1879
4. *Place of Birth (Street and Number)* No. 112 West St.
5. *Full Name of Mother* Anna Fritz
6. *Mother's Maiden Name* Anna Wagner
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Andrew Fritz
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sabena Grisbaber

Address No. 128 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 31st, 1879
4. *Place of Birth (Street and Number)* No. 337 Aliceanna Street
5. *Full Name of Mother* Mrs. Samuel J. Walker
6. *Mother's Maiden Name* Miss Georgeanna Irving
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. Samuel J. Walker
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H Clendinen M. D.

Address No. 102 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Fifty Dollars in the City of Baltimore.

RETURN OF A BIRTH.

30268

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Male 5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31st March
4. Place of Birth (Street and Number)	Baltimore Shelley at 20
5. Full Name of Mother	Mary E Sharpnack
6. Mother's Maiden Name	Mary E Quinch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos H Quinch
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos E Fullerkamp
Address	
Remarks	Going Well

RETURN OF A BIRTH.

30269

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natlvity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born March 31
4. *Place of Birth (Street and Number)* Baltimore No 18 Stockholm 18
5. *Full Name of Mother* Mary Gonson
6. *Mother's Maiden Name* Hopkins
7. *Mother's Birthplace* Richmond
8. *Full Name of Father* Elick Hopkins
9. *Father's Occupation* Brick & Oysters Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross St

Remarks

30270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* March 2nd 1879
4. *Place of Birth (Street and Number)* 1 Russ St
5. *Full Name of Mother* Mary Dungee
6. *Mother's Maiden Name* Mary Frazier.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* John H B Dungee,
9. *Father's Occupation* Teacher,
10. *Father's Birthplace* Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return. Saml S Powell M.D.

Address No 29 Augusta St

Remarks

30271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child.

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white race
3. *Date of Birth* 31st March
4. *Place of Birth (Street and Number)* 307 Franklin St.
5. *Full Name of Mother* Jule Hundertmark
6. *Mother's Maiden Name* Jule Grohne
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm Hundertmark
9. *Father's Occupation* carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Sheraton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 56

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth March 31. 1879

4. Place of Birth (Street and Number) N. Warschington 40

5. Full Name of Mother Mary Stern

6. Mother's Maiden Name Meling

7. Mother's Birthplace Fr. Hessen

8. Full Name of Father Peter Stern

9. Father's Occupation Gerber

10. Father's Birthplace Westenbach Beiern

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Baupach

Address S Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31st March 1879
4. *Place of Birth (Street and Number)* No 270 N. Central Ave
5. *Full Name of Mother* Helena Fuchs
6. *Mother's Maiden Name* Helena Rordert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Aloys Fuchs
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Denise Hillegust

Address No 1-82 E Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

302711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* weiß
3. *Date of Birth* d. 31 März 1879
4. *Place of Birth (Street and Number)* Baltimore O'Donell St. 40.
5. *Full Name of Mother* Marie Knoll.
6. *Mother's Maiden Name* Sommer.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Johann Knoll.
9. *Father's Occupation* Lurbine.
10. *Father's Birthplace* Preußen.

Name of Medical Attendant, or other Person who makes this Return. Hemp Rimmen.

Address O'Donell St. 21.

Remarks

RETURN OF A BIRTH.

30275

HEALTH DEPARTMENT
APR 2
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* March 31st
4. *Place of Birth (Street and Number)* 151 William St
5. *Full Name of Mother* Julia Wagner
6. *Mother's Maiden Name* Winter
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Geo. Wagner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 S. Eutaw St.

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male ~~or Female~~)*

Race or Color (if not of the white race) W

Date of Birth Mar 31 1879

Place of Birth (Street and Number) 157 Linden avenue

Full Name of Mother Catherine Judge

Mother's Maiden Name Nolan

Mother's Birthplace Balto Md

8. *Full Name of Father* John Judge

9. *Father's Occupation* artist

10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

[illegible] person in charge, who shall attend, assist [illegible] at the birth of [illegible] Baltimore, shall report to the registrar [illegible] six days thereafter, [illegible] distinctly the date of birth, sex, and color of the child or [illegible] or their physical conditi[illegible] still born or not, the full name, nativity, and residence of the parents, and the maiden n[illegible] children.

30277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7.

1. *Sex (state whether male or ~~female~~)*
2. *Race or ~~Color~~ (if not of the white race)*
3. *Date of Birth* April 1
4. *Place of Birth (Street and Number)* 269 William St
5. *Full Name of Mother* Helen Scheppach
6. *Mother's Maiden Name* Helen Emrich
7. *Mother's Birthplace* German
8. *Full Name of Father* George Scheppach
9. *Father's Occupation* Workingman
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Katharine Münch

Address 98 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30278

RETURN OF A BIRTH.

HEALTH ... APR 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female 5th
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st 1879
4. Place of Birth (Street and Number)	164 N. Caroline
5. Full Name of Mother	Hester Miller
6. Mother's Maiden Name	Hester Bergaman
7. Mother's Birthplace	Dallas
8. Full Name of Father	H. Bergaman Miller
9. Father's Occupation	Cattle Dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address	123 N. Caroline St
Remarks	Bullard Cass

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30279

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. MAY 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 1st 1879
4. Place of Birth (Street and Number)	No 113 E Biddle st
5. Full Name of Mother	Mary E Phillips
6. Mother's Maiden Name	Mary E McLucey
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas Phillips
9. Father's Occupation	Locksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Atwell
Address	276 Mc Donough st
Remarks	Have not decided on name yet

30280
30281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Pair of twin one

1. *Sex (state whether male or female)* one Boy one girl
2. *Race or Color (if not of the white race)* Called
3. *Date of Birth* 1 day of April
4. *Place of Birth (Street and Number)* No 207 Dallas Ste
5. *Full Name of Mother* isabellor Willson
6. *Mother's Maiden Name* isabella Cory
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Willson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Cambridge

Name of Medical Attendant, or other Person who makes this Return. Barnett

Address Within N 20

Remarks Then Mr Chesnut Ste

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30282
30283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 21 1879
BALTIMORE

(once twins)

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th Child in 6 Confinements

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth April 1st
4. Place of Birth (Street and Number) 254 N. Carey st
5. Full Name of Mother Johanna Nicolai
6. Mother's Maiden Name Johanna Guth
7. Mother's Birthplace Mecklenburg Schwerin (Germany)
8. Full Name of Father Heinrich Nicolai
9. Father's Occupation Merchant
10. Father's Birthplace Dresden (Germany)

Name of Medical Attendant, or other Person who makes this Return. L. H. Heldmann M.D.

Address 120 Pearl st Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

302.84

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st April 1879
4. *Place of Birth (Street and Number)* 212 Scott st
5. *Full Name of Mother* Anna Maria Heim
6. *Mother's Maiden Name* " " Bomberg
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ludwick Heim
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1ST 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st 1879
4. *Place of Birth (Street and Number)* No 89 W Ensor St
5. *Full Name of Mother* Carolina Simpson
6. *Mother's Maiden Name* Carolina Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Edward Simpson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Kentucky

Name of Medical Attendant, or other Person who makes this Return. Lena Hilbgeist

Address No 182 E Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30286

RETURN OF A BIRTH.

N. 1

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 1 1879
4. Place of Birth (Street and Number) 56 S Schroeder St
5. Full Name of Mother Ella May Wallace
6. Mother's Maiden Name Ella May Poulton
7. Mother's Birthplace Washington D C
8. Full Name of Father John Burns Wallace
9. Father's Occupation Machinist
10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. W. C. Regester Mo

Address S W Co Fayette & Calhoun Sts

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30257

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2nd

1. *Sex (state whether Male or Female)* Female healthy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 1st of April 1879
4. *Place of Birth (Street and Number)* No 70 South Monroe St.
5. *Full Name of Mother* Mrs. Hoffman
6. *Mother's Maiden Name* Kate Weich
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Mr. Hoffman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this return Mrs. Miller

Address No 57 1017 West Pratt St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Apr. 1. 1879.
4. Place of Birth (Street and Number)	139 Price st.
5. Full Name of Mother	Mary Biggins,
6. Mother's Maiden Name	Debo,
7. Mother's Birthplace	Balt. City,
8. Full Name of Father	Wm Henry Biggins,
9. Father's Occupation	Shoemaker,
10. Father's Birthplace	Balt. City,
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M.D.
Address	247 Lawalest
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30289

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

William Louis Horn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* April 1. 1879.
4. *Place of Birth (Street and Number)* 98 Saratoga St.
5. *Full Name of Mother* Victoria Dieter Horn
6. *Mother's Maiden Name* Victoria Dieter.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Ernest B. Horn
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. Dr W. R. Morgan

Address 175 Saratoga St.

Remarks [redacted] 5-5-53 L. M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

30290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 1st April 1879
4. Place of Birth (Street and Number) 169 Eastern Avenue
5. Full Name of Mother Caroline Sheppard
6. Mother's Maiden Name " Lubecker
7. Mother's Birthplace Baltimore
8. Full Name of Father William Sheppard
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

HEALTH DEP. APR 7 1879 BALTIMORE

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st 1879
4. Place of Birth (Street and Number)	24 Willow St
5. Full Name of Mother	Mary McGuire
6. Mother's Maiden Name	Mary Barrow
7. Mother's Birthplace	Ireland
8. Full Name of Father	Barney McGuire
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	269 N. Carolina St ~~25~~ 1/2 ~~Gr~~
Remarks	"Vertex Presentation"

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30292

HEALTH DEPARTMENT
APR 7 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st 1879
4. *Place of Birth (Street and Number)* 174 Fulton Ave
5. *Full Name of Mother* Lilly J. Campbell
6. *Mother's Maiden Name* " Scharf
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Thos. A. Campbell
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30293

HEALTH DEPARTMENT
APR 7 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 April
4. Place of Birth (Street and Number) 107 Karoline St
5. Full Name of Mother Mary Hieremann
6. Mother's Maiden Name Sthe Stern
7. Mother's Birthplace Germiny
8. Full Name of Father Julius Hieremann
9. Father's Occupation Labor
10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30294

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	First of April
4. Place of Birth (Street and Number)	415. West Pratt Street
5. Full Name of Mother	Wilhelmina Emma Moog
6. Mother's Maiden Name	Wilhelmina Emma Zimmerman
7. Mother's Birthplace	Germania
8. Full Name of Father	Hermann Moog
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Catherine Seebach
Address	No 131 West Pratt Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30295

HEALTH DEPARTMENT
APR
8
1879
IMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 1st
4. Place of Birth (Street and Number)	214 N. Eden st
5. Full Name of Mother	Margaret Lenon
6. Mother's Maiden Name	Slattery
7. Mother's Birthplace	Germany
8. Full Name of Father	Robt N. Lenon
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Laborer Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Isabelle Lenon
Address	126 E Monument st
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30296

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 10 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1. 1879
4. Place of Birth (Street and Number)	Brooklyn
5. Full Name of Mother	Barbara Apple
6. Mother's Maiden Name	Barbara Gisler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Apple
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Catherine Hoerner
Address	No 106 Test st
Remarks	

30297

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 2d 1879
4. *Place of Birth (Street and Number)* 53 Chappel St
5. *Full Name of Mother* Maria Puste
6. *Mother's Maiden Name* " Ostertag
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ignatius Puste
9. *Father's Occupation* ~~Laborer~~ Agent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 245 Canton Ave

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Chd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 2nd 1879
4. Place of Birth (Street and Number) No. 122 S. Chester
5. Full Name of Mother Julia Conroy
6. Mother's Maiden Name Mc Donough
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Conroy
9. Father's Occupation Oyster Captain
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 244 Bank Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 3 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ct

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 ct of Apple
4. *Place of Birth (Street and Number)* 301 Hanover St Baltimore
5. *Full Name of Mother* Elise Reuling
6. *Mother's Maiden Name* Elise Tungel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Reuling
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Minch

Address 98 Leadenhall Street

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	male.
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 2nd
4. *Place of Birth (Street and Number)*	76 Leadenhall St
5. *Full Name of Mother*	Elizabeth Waldschmidt
6. *Mother's Maiden Name*	Nagengast
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	George Waldschmidt
9. *Father's Occupation*	Frame Joiner
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Katharine Munch
Address	78 Leadenhall St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8tt

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 2d 1879.
4. *Place of Birth (Street and Number)* 70 President St
5. *Full Name of Mother* Maria Malaspina
6. *Mother's Maiden Name* Marini
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Luigi Malaspina
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30302

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 April 1879
4. Place of Birth (Street and Number)	303 E. Madison st.
5. Full Name of Mother	Louise Schuster
6. Mother's Maiden Name	Laura Mannpere
7. Mother's Birthplace	Balto
8. Full Name of Father	Alex Schuster
9. Father's Occupation	Lounge Manufacturer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mac Wade
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30303

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April

4. Place of Birth (Street and Number) No 76 E Biddle

5. Full Name of Mother Margaret J Landlieis

6. Mother's Maiden Name Margaret J Elliott

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Landlieis

9. Father's Occupation Grainer

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh st

Remarks Name of Child Amos Robert Landlieis

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

303011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 2nd 1879
4. Place of Birth (Street and Number) 192 Madison Avenue
5. Full Name of Mother Helen Wessling
6. Mother's Maiden Name " Flüng
7. Mother's Birthplace Germany
8. Full Name of Father John Wessling
9. Father's Occupation Miller
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzche (Mrs)

Address 220 138 Penna Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30305

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
APR
14
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apl. 2d 1879
4. Place of Birth (Street and Number)	145 Stirling st.
5. Full Name of Mother	Carrie A. Zeiph
6. Mother's Maiden Name	" " Baumann
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Chas. A. Zeiph
9. Father's Occupation	Tanner & Currier
10. Father's Birthplace	Nassau, Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas. A. Zeiph.
Address	Fredericka Baumann
Remarks	No 223 E. Madison st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30306

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male - Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 of April 79
4. Place of Birth (Street and Number)	14 Chase St
5. Full Name of Mother	Mary Schultz
6. Mother's Maiden Name	Mary Not known
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Schultz
9. Father's Occupation	Labor
10. Father's Birthplace	French
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N Carolina
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 2nd 1879
4. *Place of Birth (Street and Number)* 170 Arlington Av
5. *Full Name of Mother* Anna Linton
6. *Mother's Maiden Name* Anna Strausbaugh
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John W. Linton
9. *Father's Occupation* Merchant —
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Saml E. Powell M.D.

Address No. 29 Augusta St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 4th 1879

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 2nd 1879.
4. *Place of Birth (Street and Number)* 91 ~~Bank~~ Durham St.
5. *Full Name of Mother* Mary Becher.
6. *Mother's Maiden Name* Mary Manns. "
7. *Mother's Birthplace* America.
8. *Full Name of Father* Fred Becher.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30309

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22 1879
4. *Place of Birth (Street and Number)* No 3 N. Calhoun St
5. *Full Name of Mother* Fanny Bachrach
6. *Mother's Maiden Name* Fanny Keyser
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Bachrach Jr
9. *Father's Occupation* Photographer
10. *Father's Birthplace* Europe, Germany

Name of Medical Attendant, or other Person who makes this Return. C. R. Ecker M.D.

Address 234 N. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30310

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 7 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the. 2. 1879.
4. *Place of Birth (Street and Number)* Granby St. No 81
5. *Full Name of Mother* Leah Burton
6. *Mother's Maiden Name* Leah Sanders
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Burton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether ~~male or female~~)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the. 2, 1879.
4. *Place of Birth (Street and Number)* E. Pratt St. N°. 74
5. *Full Name of Mother* Emma Klein
6. *Mother's Maiden Name* Emma Martini
7. *Mother's Birthplace* Dessau. Fürst. Anhall Dessau. Germany
8. *Full Name of Father* Johann Klein
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Heinau. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. N°. 26.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

303121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2nd of April 1879
4. *Place of Birth (Street and Number)* 17 North chapel st
5. *Full Name of Mother* Essabella Benger
6. *Mother's Maiden Name* Essabella Friedel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Michael Friedel
9. *Father's Occupation* Hugster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chapel st per Justina Kunkel

Remarks Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 7 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 2d April 1879
4. Place of Birth (Street and Number) 136 S. Wolf st
5. Full Name of Mother Emilie Seger
6. Mother's Maiden Name " Roesing
7. Mother's Birthplace Germany
8. Full Name of Father Edward Seger
9. Father's Occupation Gerber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Krafft

Address 236 Canton Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE APR 7 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 April
4. *Place of Birth (Street and Number)* 46 Central Ave
5. *Full Name of Mother* Caroline Dechner
6. *Mother's Maiden Name* Hoffmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Dechner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Diener

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30315

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 April
4. *Place of Birth (Street and Number)* No 99 Register St
5. *Full Name of Mother* Elizabeth Ocks
6. *Mother's Maiden Name* Lechel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lorrence Ocks
9. *Father's Occupation* Hegormaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 April 1879
4. *Place of Birth (Street and Number)* 97 Lombard St
5. *Full Name of Mother* Magdalena Eiler
6. *Mother's Maiden Name* Lithof
7. *Mother's Birthplace* U S
8. *Full Name of Father* Georg Eiler
9. *Father's Occupation* Taylor
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara [illegible]

Address 82 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30317

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ~~April 1879~~ 2 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	2 April 1879
4. *Place of Birth (Street and Number)*	Belair Road Baltimore County
5. *Full Name of Mother*	Mary Fredrick Graff
6. *Mother's Maiden Name*	Mary Fredrick
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Graf
9. *Father's Occupation*	Pather
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Catherine Seebach
Address	No 439 West Pratt Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) "
3. Date of Birth April 2nd
4. Place of Birth (Street and Number) 126 Eager "
5. Full Name of Mother Annie Connor
6. Mother's Maiden Name " Macalier
7. Mother's Birthplace Baltimore
8. Full Name of Father Francis Connor
9. Father's Occupation Telegraph Operator
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Isabelle Olmer

Address 286 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30319

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* april 2 1879
4. *Place of Birth (Street and Number)* 48 register st
5. *Full Name of Mother* Ann F keller
6. *Mother's Maiden Name* Ann F Wales
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John J keller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary connor 15

Address Collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30320

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d April
4. *Place of Birth (Street and Number)* 45 Barnes Str
5. *Full Name of Mother* Anna Seuj
6. *Mother's Maiden Name* " Trambas
7. *Mother's Birthplace* Nalzov Bohemia
8. *Full Name of Father* Wenzel Seuj
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Pairir Bohemia

Name of Medical Attendant, or other Person who makes this Return. Jo. Konrad

Address 20 Barnes Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30321

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 3rd
4. *Place of Birth (Street and Number)* 322 East Ave
5. *Full Name of Mother* Maria Franz Wehner
6. *Mother's Maiden Name* Maria Fink
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Franz Wehner
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address # 171 S Washington St.

Remarks

30322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3d April 1879
4. *Place of Birth (Street and Number)* 98 Leadenhall st
5. *Full Name of Mother* Maria Wiszner
6. *Mother's Maiden Name* Munch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Wiszner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Munch

Address 98 Leadenhall st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3032 B

APR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	3 days old
4. *Place of Birth (Street and Number)*	97 Mullikin St
5. *Full Name of Mother*	Liza Henderson
6. *Mother's Maiden Name*	Liza Jones
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Tom Henderson
9. *Father's Occupation*	Labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mah Walker
Address	92 Holland St
Remarks	Healthy

303211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	3d day of April 1879
4. Place of Birth (Street and Number)	No 44 Park St
5. Full Name of Mother	Mary Kroeger.
6. Mother's Maiden Name	Meyer.
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Frank. Kroegen
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Klappenberg.
Name of Medical Attendant, or other Person who makes this Return.	A. Lindner.
Address	No 45 Monroe St Baltimore Md
Remarks	

30325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT ADR 15 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 3rd 1879
4. Place of Birth (Street and Number) 2173 Hamburg St.
5. Full Name of Mother Kate Thundermark
6. Mother's Maiden Name Kate Hines
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father William Thundermark
9. Father's Occupation Glass Flower
10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margt. A. Richmond

Address 185 Lee St.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

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30326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.ter Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April the 3. 1879.
4. *Place of Birth (Street and Number)* Orleans St. No. 161.
5. *Full Name of Mother* Louise Busch
6. *Mother's Maiden Name* Louise Vogler
7. *Mother's Birthplace* Sulzbach. K. Baiern. Germany
8. *Full Name of Father* Lorenz Busch
9. *Father's Occupation* Watch maker
10. *Father's Birthplace* Wirzburg. K. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St No 26.

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30327

HEALTH DEPARTMENT
APR 7 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd April
4. Place of Birth (Street and Number) 112 N. Eden St
5. Full Name of Mother Ann Maria Waldman
6. Mother's Maiden Name " " Allen
7. Mother's Birthplace New York
8. Full Name of Father Henry Clay Waldman
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J J Gross

Address 137 Orleans St

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30328

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 3rd 1879
4. Place of Birth (Street and Number) 25½ Greenmont Ave
5. Full Name of Mother Cathrine Lafferty
6. Mother's Maiden Name Cathrine Sidenstricker
7. Mother's Birthplace Washington, Kent Co. Md.
8. Full Name of Father Lobt. Lafferty
9. Father's Occupation Tanner
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton MD

Address 269 N. Caroline St.

Remarks "Vertex Presentation"

Extract Regulations of the Board of Health to Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30329

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Thursday 3rd 1879

4. Place of Birth (Street and Number) 89½ Harrison Street Baltimore

5. Full Name of Mother Mrs. Sarah Harris

6. Mother's Maiden Name Miss Sarah Shira

7. Mother's Birthplace Russ. Poland

8. Full Name of Father Jacob Harris

9. Father's Occupation Clothing Store

10. Father's Birthplace Russ. Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rice Gibbons

Address ~~89½ Harrison~~ ~~[illegible]~~ No 26 N. S[illegible]

Remarks

Extract Regulations of the Board of Health to ensure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30330

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 April 1879
4. *Place of Birth (Street and Number)* 58 Canal St
5. *Full Name of Mother* Marie Ohlheit
6. *Mother's Maiden Name* Deis
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Ohlheit
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3 April
4. Place of Birth (Street and Number) 13 Abott St
5. Full Name of Mother Kristiana Ruzicka
6. Mother's Maiden Name " Kohecka
7. Mother's Birthplace — Bohamia
8. Full Name of Father Josef Ruzicka
9. Father's Occupation Schoemacker
10. Father's Birthplace — Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnett

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3. of April 1879.
4. *Place of Birth (Street and Number)* 486 Canton Ave.
5. *Full Name of Mother* Mary, Getrude Gable.
6. *Mother's Maiden Name* Mary Getrude Miller
7. *Mother's Birthplace* Baltimore City M.D.
8. *Full Name of Father* John Charles Gable
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Baltimore City M.D.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 3d
4. *Place of Birth (Street and Number)* Maternity Hospital 163 W Lombard St.
5. *Full Name of Mother* Bridgett Horrington
6. *Mother's Maiden Name* Bridget Norton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Horrington
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return, J A Branham M.D.

Address 163 W Lombard St

Remarks Mother & child are doing well

HEALTH DEPARTMENT APR 10 1879

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1879
4. Place of Birth (Street and Number) Central ave 161
5. Full Name of Mother Rose Ammiger
6. Mother's Maiden Name " Lemmer
7. Mother's Birthplace Balto Md
8. Full Name of Father Peter Ammiger
9. Father's Occupation Carriage maker
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Willig

Address 48 Collins Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	April 28 1879
4. Place of Birth (Street and Number)	Harrison St 61
5. Full Name of Mother	Sara Levy
6. Mother's Maiden Name	Pelinska
7. Mother's Birthplace	Poland
8. Full Name of Father	Louis Levy
9. Father's Occupation	Second Hand Dealr
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St.
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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30336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 of April
4. *Place of Birth (Street and Number)* 71 China Corner of Henrietta Strat
5. *Full Name of Mother* Anna Jordan
6. *Mother's Maiden Name* Anna Becker
7. *Mother's Birthplace* Böblingen Germany
8. *Full Name of Father* Charles Jordan
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Böblingen Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Münch

Address 98 Leadenhall Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30337

RETURN OF A BIRTH.

APR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4 days old
4. *Place of Birth (Street and Number)* No 9 Dallas Street
5. *Full Name of Mother* Frances [redacted] Watkins
6. *Mother's Maiden Name* Frances Dallas
7. *Mother's Birthplace* Saint Michiel
8. *Full Name of Father* Jerd Watkins
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mark Walker

Address No 9 Holland Street

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30338

RETURN OF A BIRTH.

MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	4 April 1879
4. *Place of Birth (Street and Number)*	261 N. Hoffman Street
5. *Full Name of Mother*	Anna Augusta Rhea
6. *Mother's Maiden Name*	" " Mullan
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Thomas Harper Rhea
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Martin Brown M.D.
Address	58 N. Eutaw Street
Remarks	

30339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 April 1879
4. *Place of Birth (Street and Number)* 120 Saratoga st
5. *Full Name of Mother* Katherina Papst
6. *Mother's Maiden Name* " Benedict
7. *Mother's Birthplace* Frederick
8. *Full Name of Father* John Papst
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Midwife Theresia Eigeldinger

Address 14 Union st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

303140

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT APR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1879
4. Place of Birth (Street and Number) No 38 Eastern Ave
5. Full Name of Mother Anna Pessagno
6. Mother's Maiden Name Anna Rittnovali
7. Mother's Birthplace Italy
8. Full Name of Father Giovanni Pessagno
9. Father's Occupation Cap maker
10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this Return. Jena Hillegeist

Address 182 E Monument St

Remarks

Extract Regulations of the Board of Health in relation to correct Record of Vital Statistics in the City of Baltimore.

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303141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 5th 1879.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1879
4. Place of Birth (Street and Number) 54 Bradford Alley
5. Full Name of Mother Lizzie Zibler
6. Mother's Maiden Name Lizzie Ulrich
7. Mother's Birthplace Germany
8. Full Name of Father Christ Zibler
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4 1879
4. *Place of Birth (Street and Number)* Penne Avenue near Biddle
5. *Full Name of Mother* Wilhelminia Aldolphi
6. *Mother's Maiden Name* " Cash
7. *Mother's Birthplace* Baden
8. *Full Name of Father* Gustave Aldolphi
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Baden

Name of Medical Attendant, or other Person who makes this return E. Schmitt Name

Address Penne Avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

303113

HEALTH DEPARTMENT APR 7 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Friday April 4th

4. Place of Birth (Street and Number) 101 Camden St Baltimore

5. Full Name of Mother Anna Demarco

6. Mother's Maiden Name " Sitta

7. Mother's Birthplace Italy

8. Full Name of Father Francis Demarco

9. Father's Occupation Fruit Dealer

10. Father's Birthplace Costa Italy

Name of Medical Attendant, or other Person who makes this Return. Arnold Perry

Address

Remarks No 8 York St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30344

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Fourth

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 4 1877
4. Place of Birth (Street and Number) S. Chester St. no 135 [illegible]
5. Full Name of Mother Ursula McDorman
6. Mother's Maiden Name Ursula Price
7. Mother's Birthplace Sommerset County Md
8. Full Name of Father Rufus A. McDorman
9. Father's Occupation Mariner
10. Father's Birthplace Sommerset Co. Md

Name of Medical Attendant, or other Person who makes this Return. A. J. Ford

Address no 177 Bank St.

Remarks The child is well developed physically, The labour was a Natural one. Duration 3½ hours

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30345

RETURN OF A BIRTH.

HEALTH DEPT. APR 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 4th 1879
4. Place of Birth (Street and Number)	24 Horn Lane
5. Full Name of Mother	Mary Philip Buchannan
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Illegitimate
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Louisa A C Overton
Address	No 10 Wolf Street
Remarks	Live Born

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPART... APR 8 1879 ...IMORE

30340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 4th 1879.
4. Place of Birth (Street and Number)	#752 Penna. Avenue.
5. Full Name of Mother	Barbara Frances Miller Hamilton
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Arthur Miller.
9. Father's Occupation	Butcher.
10. Father's Birthplace	Frederick City Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30347

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the first.
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	Yellow
3. Date of Birth	on the 4th April 1879
4. Place of Birth (Street and Number)	No 124 North Spring St
5. Full Name of Mother	Mary Wilson
6. Mother's Maiden Name	Mary Thompson
7. Mother's Birthplace	M D
8. Full Name of Father	Charles Wilson
9. Father's Occupation	Laborer
10. Father's Birthplace	M D
Name of Medical Attendant, or other Person who makes this Return.	Alice A. Chaplain
Address	No 73 Mulberry St
Remarks	

30348

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1879
4. Place of Birth (Street and Number) 108 N Eutaw st
5. Full Name of Mother Mimé E Sansbury
6. Mother's Maiden Name " " Workman
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thos W ~~[illegible]~~ Sansbury
9. Father's Occupation Clerk
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Faunst Stewart Md

Address 93 Park ave

Remarks Natural –

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted] 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Was~~ April 4 d. 1879
4. *Place of Birth (Street and Number)* 311 E. Monument str.
5. *Full Name of Mother* Marie Klingelhoefer
6. *Mother's Maiden Name* M. Horn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Klingelhoefer
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Ruediger

Address 134 N. Bond str.

Remarks

30350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Abril 4 d. 1879
4. *Place of Birth (Street and Number)* 55 dungans tr.
5. *Full Name of Mother* Luise Stekel
6. *Mother's Maiden Name* L. Gebel
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Andreas Steckel
9. *Father's Occupation* Patscher
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bondstr.

Remarks

30351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 4th 1879
4. Place of Birth (Street and Number) 111 Harlem ave
5. Full Name of Mother Delia M Cotten
6. Mother's Maiden Name " " Biggs
7. Mother's Birthplace N. Carolina
8. Full Name of Father G. A. Cotten
9. Father's Occupation Merchant
10. Father's Birthplace N. Carolina

Name of Medical Attendant, or other Person who makes this Return. Dr. W. T. Howard

Address 181 Madison Av

Remarks Easy & natural labor; peculiar in nothing.

30352

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 4th 1879

4. Place of Birth (Street and Number) No 135 S. Chester St.

5. Full Name of Mother Usula McDonnan

6. Mother's Maiden Name Usula Price

7. Mother's Birthplace Somerset County Maryland

8. Full Name of Father Rufus McDonnan

9 Father's Occupation Mariner

10. Father's Birthplace Somerset County Maryland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No. 177 Back St.

Remarks Natural Labour, 3½ hours. Will develop physically.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 4th 1879
4. *Place of Birth (Street and Number)*	34 Stiles St.
5. *Full Name of Mother*	Dora Meyers.
6. *Mother's Maiden Name*	Dora Bitter
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Dan'l Meyers
9. *Father's Occupation*	Policeman
10. *Father's Birthplace*	Carroll co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S Broadway
Remarks	

30354

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 79
4. *Place of Birth (Street and Number)* W 1 Bower
5. *Full Name of Mother* Anna Brant
6. *Mother's Maiden Name* Anna Eaunt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Brant
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J G Wampler M D

Address W 203 W Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 3 b

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Apr. 4. 1879
4. Place of Birth (Street and Number) Orleanstr No 294.
5. Full Name of Mother Margaretha Stumpf
6. Mother's Maiden Name Ritscher
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Stumpf
9. Father's Occupation Schohmaker
10. Father's Birthplace Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr No 28

Remarks Undwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30356

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) 3 Mail
2. Race or Color (if not of the white race) White
3. Date of Birth April th 4 1879
4. Place of Birth (Street and Number) Baltimore stricker st No 79
5. Full Name of Mother laura V Parlett
6. Mother's Maiden Name laura V Crist
7. Mother's Birthplace Fadrick C O "
8. Full Name of Father Thorry Parlett
9. Father's Occupation Engineer
10. Father's Birthplace baltimore C O

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freelurge

Address 293 Ramsey st Baltimore

Remarks Mrs Barlett No 79 stricker st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third " Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 5th 1879
4. *Place of Birth (Street and Number)*	142. Harford ave
5. *Full Name of Mother*	Mary Kuhn "
6. *Mother's Maiden Name*	Mary Kane
7. *Mother's Birthplace*	Liverpool
8. *Full Name of Father*	Louis Kuhn
9. *Father's Occupation*	Mate of Ship
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. E. Whitford M.D.
Address	#195 Aisquith Street
Remarks	Physical condition good Labor Natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 April
4. *Place of Birth (Street and Number)* 157 Central Av.
5. *Full Name of Mother* Cathern Hartung
6. *Mother's Maiden Name* Cathern Hoelfrig
7. *Mother's Birthplace* Prusia
8. *Full Name of Father* Augustus Hartung
9. *Father's Occupation* Cabenett Maker
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. A Butts

Address No 185 Central Av cor Minnesota

Remarks All well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 5th 1879.
4. *Place of Birth (Street and Number)*	180 N. Fremont St
5. *Full Name of Mother*	Alice Fisher
6. *Mother's Maiden Name*	Turpel
7. *Mother's Birthplace*	Westminster Md
8. *Full Name of Father*	Charles Fisher
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. C. Cuddy M.D.
Address	383 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	April 5th 1879
4. Place of Birth (Street and Number)	Lonsdale 91
5. Full Name of Mother	Mary Kraus
6. Mother's Maiden Name	" Brandt
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Kraus
9. Father's Occupation	Tailor
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Reilly
Address	48 Holland St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30361

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5th 1879
4. Place of Birth (Street and Number)	224 Light St.
5. Full Name of Mother	Julia F. Brown
6. Mother's Maiden Name	Ailworth
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm E. Brown
9. Father's Occupation	Sailor
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30362

HEALTH DEPARTMENT
APR 12 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 5th 1879
4. *Place of Birth (Street and Number)*	52 Hill St
5. *Full Name of Mother*	Martha Snyder
6. *Mother's Maiden Name*	" Schesternaier
7. *Mother's Birthplace*	Phila Pa
8. *Full Name of Father*	Caspar Snyder
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Phila Pa
Name of Medical Attendant, or other Person who makes this return	W. J. N. Tall, M.D.
Address	152 Sharp St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5th of April 1879
4. Place of Birth (Street and Number) 120 East Molligen street
5. Full Name of Mother Laury Wils
6. Mother's Maiden Name Lowry Killman
7. Mother's Birthplace Baltimore
8. Full Name of Father John Killman
9. Father's Occupation Laborman ~~Baltimore~~
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cressencia Kunkel

Address 11 North Chappel street Justina Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Ovw 30364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

Name of child: John Henry Muhl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 April 1879
4. *Place of Birth (Street and Number)* 241 Lombard St
5. *Full Name of Mother* Magie Muhl
6. *Mother's Maiden Name* Rupp
7. *Mother's Birthplace* U S
8. *Full Name of Father* Otto Muhl
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30365

APR 9 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 9th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 5th 1879.
4. *Place of Birth (Street and Number)* 243 Ann St.
5. *Full Name of Mother* Henriette Schweiger.
6. *Mother's Maiden Name* Henriette Brown.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Martin Schweiger.
9. *Father's Occupation* Elevador.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Smead.

Address No. 137 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First one

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White Race
3. Date of Birth 5th April 1879
4. Place of Birth (Street and Number) 153 Linden Ave
5. Full Name of Mother Eliza J Gowley
6. Mother's Maiden Name Eliza J Brown
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lyon C Gowley
9. Father's Occupation Wheelright
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Guy

Address 1213 North Eden St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30367

APR 10 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* April 5th.
4. *Place of Birth (Street and Number)* No 5 Burket Court.
5. *Full Name of Mother* Margaret. Charity. Jackson.
6. *Mother's Maiden Name* Margaret. Charity. Smallwood.
7. *Mother's Birthplace* Montgomery. County. Maryland.
8. *Full Name of Father* William. Jackson.
9. *Father's Occupation* Office-cleaner.
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs.

Address No 42 Sharp St. Alley.

Remarks The child is healthy.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30368

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th "
4. Place of Birth (Street and Number)	29 Hope St
5. Full Name of Mother	Annie Russell
6. Mother's Maiden Name	Annie Elliott
7. Mother's Birthplace	Balto City
8. Full Name of Father	Joseph A Russell
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. S. Watson
Address	447 N. Central Ave.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30369

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 6
4. *Place of Birth (Street and Number)* 60 Orchard st.
5. *Full Name of Mother* Martha Banks
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Geo Banks
9. *Father's Occupation*
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. F. P. Keller M. D.

Address 89 N. Green st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30370

RETURN OF A BIRTH.

MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th
4. Place of Birth (Street and Number)	No 5 Spring Court
5. Full Name of Mother	Julia I. Ammet
6. Mother's Maiden Name	" " Hitch
7. Mother's Birthplace	City
8. Full Name of Father	Jas. E. Ammet
9. Father's Occupation	Painter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	J C Burch M D
Address	151 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

31371

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th
4. Place of Birth (Street and Number)	Francis & Retreat Sts
5. Full Name of Mother	Susan Merrick
6. Mother's Maiden Name	" Clowsley
7. Mother's Birthplace	City
8. Full Name of Father	Chas. F. Merrick
9. Father's Occupation	Builder
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	J. C. Buck M. D.
Address	151 Hanover St
Remarks	

30372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 Poultney St. April 6th 1879
4. *Place of Birth (Street and Number)* 12 Poultney St
5. *Full Name of Mother* Mary McDermott Egan
6. *Mother's Maiden Name* Mary McDermott
7. *Mother's Birthplace* Ireland,
8. *Full Name of Father* Michael Egan,
9. *Father's Occupation* Blacksmith,
10. *Father's Birthplace* Ireland,

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* April 6th 79.
4. *Place of Birth (Street and Number)* # 228 S. Eutaw St.
5. *Full Name of Mother* Thuckla Schmidt
6. *Mother's Maiden Name* Wolf
7. *Mother's Birthplace* Saxony. Gotha.
8. *Full Name of Father* Christian Schmidt
9. *Father's Occupation* Lithographic Printer
10. *Father's Birthplace* Hessendarm stadt.

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S. Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30374

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 4th 1879.
4. *Place of Birth (Street and Number)* Pl. William Street No 236.
5. *Full Name of Mother* Eliza J Kelhurst
6. *Mother's Maiden Name* Eliza J Tarbrook
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John A Kelhurst
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr Thos Bruce

Address No 114 Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30375

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 7.

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* April 6th 1879
4. *Place of Birth (Street and Number)* No 248 N. Ann Balto
5. *Full Name of Mother* Ann Eliza Pearce
6. *Mother's Maiden Name* " " Wheeler
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John T Pearce
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this return J Ridgway Andrd MD

Address No 121 E J Balto

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30376

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ 1st, ~~2d~~, ~~3d~~, ~~&c.~~)

1. Sex (~~State whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Apr. 6th, 1879

4. Place of Birth (Street and Number) 434 E. Lanvale st

5. Full Name of Mother Fordinka Rochester

6. Mother's Maiden Name Roberts

7. Mother's Birthplace Virginia

8. Full Name of Father William Rochester

9. Father's Occupation Waiter Worker

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. W. B. Billingslea

Address Harford Co Bird

Remarks

Exact Registrations by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30376

HEALTH DEPARTMENT
APR 12 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~State whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Apr. 6th, 1879

4. Place of Birth (Street and Number) 434 E. Chase st

5. Full Name of Mother Fredrika Rochester

6. Mother's Maiden Name Roberts

7. Mother's Birthplace Virginia

8. Full Name of Father William Rochester

9. Father's Occupation Meter Worker

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea

Address Harford Co Bird

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30377

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard

3. Date of Birth April 6th

4. Place of Birth (Street and Number) Baltimore No 59 Stockholm

5. Full Name of Mother Henerta Rammah

6. Mother's Maiden Name " Abrin

7. Mother's Birthplace Kent Island

8. Full Name of Father Robbert Rammel

9. Father's Occupation Brickmaker

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Amaline Wilson

Address 388 Cross St

Remarks

Extract Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30378

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 6th 1879

4. Place of Birth (Street and Number) 113 Saratoga St

5. Full Name of Mother Laura Dean De Corse

6. Mother's Maiden Name Laura D. Wicker

7. Mother's Birthplace Virginia

8. Full Name of Father Thomas W. De Corse

9. Father's Occupation Harness Maker

10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. John S. Lynch M.D.

Address No. 1 S. Broadway

Remarks

RETURN OF A BIRTH.

30378

APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1879
4. Place of Birth (Street and Number)	113 Saratoga St
5. Full Name of Mother	Laura Dean De Corse
6. Mother's Maiden Name	Laura D. Wicker
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas W. De Corse
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	John E. Lynch M.D.
Address	No. 1 S. Broadway
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 6th 1879
4. Place of Birth (Street and Number) 211 Druid hill Ave, Balt, Md,
5. Full Name of Mother Josephine Musselman
6. Mother's Maiden Name Josephine Dubeheart
7. Mother's Birthplace 201 Asquith St, Balt, Md.
8. Full Name of Father Jackson Musselman
9. Father's Occupation Hardware
10. Father's Birthplace Balt. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner

Address No. 120. N. Greene St. City.

Remarks

Extract Regulations of the Board of Health

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 to

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6 to 1879
4. *Place of Birth (Street and Number)* No 289 Franklin st
5. *Full Name of Mother* Annie Steinhauer
6. *Mother's Maiden Name* Annie Hammer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Steinhauer
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth April 6

4. Place of Birth (Street and Number) Cor Larcus & Division

5. Full Name of Mother Estella Collins

6. Mother's Maiden Name Jackson

7. Mother's Birthplace Talbot Co Md

8. Full Name of Father Isaac Collins

9. Father's Occupation Well digger

10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs L Warner

Address Cor Townsend & Stricker

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6 1879
4. *Place of Birth (Street and Number)* 25 South Washington st
5. *Full Name of Mother* Amanda L Harris
6. *Mother's Maiden Name* Amanda L Meek
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles W Harris
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mrs Conner 153

Address Ellington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth April 6. 1879

4. Place of Birth (Street and Number) 386 Druid Hill Ave

5. Full Name of Mother Mary Ann Tinsley

6. Mother's Maiden Name " " Parran

7. Mother's Birthplace Shepherdstown West Va

8. Full Name of Father Alex Tinsley

9. Father's Occupation Physician

10. Father's Birthplace Lansdowne York Co Va

Name of Medical Attendant, or other Person who makes this Return. A Tinsley M.D.

Address 386 D.H. Ave

Remarks City

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

303811

RETURN OF A BIRTH.

APR 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 "
1. *Sex (state whether Male or Female)*	Female "
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 6
4. *Place of Birth (Street and Number)*	Cor Chase and Jones Alley
5. *Full Name of Mother*	Julia Bowen
6. *Mother's Maiden Name*	Howell
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Albert Bowen
9. *Father's Occupation*	Store Keeper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Christmas
Address	No 1 Forest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Chd

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) W.
3. Date of Birth April 6 1879
4. Place of Birth (Street and Number) No 290 N Howard
5. Full Name of Mother Lavinia Clark
6. Mother's Maiden Name Lavinia Casey
7. Mother's Birthplace Balto
8. Full Name of Father Jas F Casey
9. Father's Occupation Sadler
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J H Kattum M D

Address 23 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April the sixth
4. *Place of Birth (Street and Number)*	304 Forest St Baltimore Md.
5. *Full Name of Mother*	Mary Regina Cridlin.
6. *Mother's Maiden Name*	Gisrehn
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Edmund Louis Cridlin
9. *Father's Occupation*	Carriage Painter
10. *Father's Birthplace*	Fredericksburg Virginia.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sarah Madden.
Address	330 Aisquith St
Remarks	(A very fine boy)

born, its or their physical condi... still born or not, the full name, nativity, and residence of the parents, and the maiden name... the mother of such child or children.

30387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) "

1. Sex (state whether ~~Male~~ or Female) "
2. Race or Color (if not of the white race)
3. Date of Birth Apr. 6. 1879
4. Place of Birth (Street and Number) O. Lombardstr No 345
5. Full Name of Mother Barbara Mesner
6. Mother's Maiden Name Dorfler
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Mesner
9. Father's Occupation Panter
10. Father's Birthplace Stutgardt Wittenberg

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raupach

Address S. Wolfstr N. 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, acting distinctly life, or other person in charge, who shall attend, assist or advise at the birth of any child ion, whether City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating the nearly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth April 7th 1879
4. Place of Birth (Street and Number) Fairhaven St 335
5. Full Name of Mother Isabelle Kemon
6. Mother's Maiden Name Nickenbach
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mike Kemon
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address 48 Hoolland st

Remarks Babys Name Harry Kemon

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1879
4. Place of Birth (Street and Number) No 70 Wyeth St
5. Full Name of Mother Mary A. Hilliary
6. Mother's Maiden Name " " Rider
7. Mother's Birthplace City of Balto
8. Full Name of Father Jno. T. Hilliary
9. Father's Occupation Clerk
10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blake MD

Address 140 Scott St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30390

HEALTH DEPARTMENT
MAY 11 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* April 7th 1879
4. *Place of Birth (Street and Number)* Cross Street No 37
5. *Full Name of Mother* Catherina Schelt.
6. *Mother's Maiden Name* Catherina Hilberg.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Schelt.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address No 114 Battery Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female. Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 April
4. *Place of Birth (Street and Number)* 178 Lombard St
5. *Full Name of Mother* Mary Sipple
6. *Mother's Maiden Name* Hakeon
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley Sipple
9. *Father's Occupation* Situation in Jail
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lykia Simon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30392

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th. 7. 1879.
4. *Place of Birth (Street and Number)* E. Eager St. No. 334.
5. *Full Name of Mother* Philippine Heinbockel.
6. *Mother's Maiden Name* Philippine Koch
7. *Mother's Birthplace* Braunershwend. Gr. Hessen. Germany
8. *Full Name of Father* John. L. Heinbockel.
9. *Father's Occupation* Baker
10. *Father's Birthplace* Oberndorf. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 7. 1879
4. *Place of Birth (Street and Number)* Orleans St. No 334.
5. *Full Name of Mother* Anna Rudolf
6. *Mother's Maiden Name* Anna Parr
7. *Mother's Birthplace* Germantown Pa.
8. *Full Name of Father* Charles J. Rudolf
9. *Father's Occupation* Silver, Gilder
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30394

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 12 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7-1879
4. Place of Birth (Street and Number)	54 Rock street
5. Full Name of Mother	Sarah Ann Jones
6. Mother's Maiden Name	Sarah Ann Redman
7. Mother's Birthplace	Ellicott City, Maryland
8. Full Name of Father	George William Jones
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Worcester County, Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M.D.
Address	327 Lanvale st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30395

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sir
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th
4. Place of Birth (Street and Number)	No 36 Mount St
5. Full Name of Mother	Anna Boll
6. Mother's Maiden Name	Anna Bansaly.
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	John Boll
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Catherine Doll.
Address	No 37 Bantloe St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

3039

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 9

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 7 April

4. Place of Birth (Street and Number) Addison alls 10

5. Full Name of Mother Mrs Lizzie Schreiber

6. Mother's Maiden Name " Polly

7. Mother's Birthplace Corhessen

8. Full Name of Father Mr William Schreiber

9. Father's Occupation Shoemaker

10. Father's Birthplace Hessendomstot

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner

Address #45 Monroe Street

Remarks

Over

30397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female — Teresa Roberta Matthews
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1879
4. Place of Birth (Street and Number)	18 Jackson St.
5. Full Name of Mother	Elizabeth Harent Matthews
6. Mother's Maiden Name	Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Baynes Matthews
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 of April 1879.
4. Place of Birth (Street and Number)	237 East St.
5. Full Name of Mother	Emma. Smith
6. Mother's Maiden Name	Emma. Hopp.
7. Mother's Birthplace	Balto.
8. Full Name of Father	John. Hopp.
9. Father's Occupation	Tanner.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	
Remarks	126 N. Carey

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30399

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 7 1879
4. Place of Birth (Street and Number) 108 Hollins St
5. Full Name of Mother Mary Brown
6. Mother's Maiden Name Mary McNally
7. Mother's Birthplace Virginia
8. Full Name of Father Wm Brown
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W G Regester Mid

Address S W Co Fayette & Calhoun St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 4 A.M. April 7. 1879
4. Place of Birth (Street and Number) 160. E. Monument Street
5. Full Name of Mother Sarah Jane Furgerson
6. Mother's Maiden Name " " Brown
7. Mother's Birthplace Baltimore City
8. Full Name of Father James R. H. Furgerson
9. Father's Occupation Shoe Fetter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. C. H. Thomas, M.D.

Address 85. E Baltimore Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30401

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 8th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 7th 1879.
4. *Place of Birth (Street and Number)* 136 Butt St.
5. *Full Name of Mother* A. E. Kutsch.
6. *Mother's Maiden Name* A. E. Schreiber.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* H. Kutsch.
9. *Father's Occupation* Babier.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arend.

Address No. 137 Wolfe St.

Remarks —

30402

RETURN OF A BIRTH.

HEALTH DEPT. APR 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 April
4. *Place of Birth (Street and Number)* 206 Chestnut St
5. *Full Name of Mother* Annie Mullen
6. *Mother's Maiden Name* McCarty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Mullen
9. *Father's Occupation* Water Works
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrisme

Address No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female —
2. Race or Color (if not of the white race) White
3. Date of Birth April 7th 1879.
4. Place of Birth (Street and Number) 213. E. Fayette St —
5. Full Name of Mother Mary A. C. McComas.
6. Mother's Maiden Name " " " Denkin
7. Mother's Birthplace New York —
8. Full Name of Father Harry McComas
9. Father's Occupation Gunsmith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross

Address 137 Orleans St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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30404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 7th 1879
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W Lombard St
5. *Full Name of Mother* Julia Dean
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. J H Branhoyn M.D.

Address 163 W Lombard St.

Remarks Mother & Child are doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30405

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 10 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr. 7th 1879
4. *Place of Birth (Street and Number)*	Maternite Hospital 163 W. Lombard St.
5. *Full Name of Mother*	Margret Miller
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this Return.	J. H. Branham M. D.
Address	163 W. Lombard St.
Remarks	Mother & child doing well

rect Record of Vital Statistics in the City of Baltimore.

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30406

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 8th 1879
4. Place of Birth (Street and Number)	147 Orchard St
5. Full Name of Mother	Frances Ford
6. Mother's Maiden Name	Frances Timms
7. Mother's Birthplace	Md
8. Full Name of Father	Henry Ford
9. Father's Occupation	Watchman at Canton Co
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Wm R. Atwell
Address	108, Orchard, n,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 1879
4. Place of Birth (Street and Number)	43 Jefferson St.
5. Full Name of Mother	Magdalena Baumann
6. Mother's Maiden Name	Magdalena White
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Baumann
9. Father's Occupation	Tinner Worker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Magdalena White
Address	125 N. Eden
Remarks	

30408

HEALTH DEPARTMENT
MAY 1 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 8th 1879
4. *Place of Birth (Street and Number)* William Street No 230.
5. *Full Name of Mother* Mary Kessler
6. *Mother's Maiden Name* Mary Willner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Kessler.
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Cincinati. Ill

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address No 114 Battery Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth April 8th 1879.
4. Place of Birth (Street and Number) No 131. North High. Street
5. Full Name of Mother Lucy. M. Wonderly.
6. Mother's Maiden Name Lucy. M. Lloyd.
7. Mother's Birthplace Birmingham. England.
8. Full Name of Father Joseph. D. Wonderly.
9. Father's Occupation House. Painter.
10. Father's Birthplace Hanover. Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Larbre Reiß 3 Gebaum

Address No 26. R Friedrichstrasse

Remarks S. H.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth April the 8
4. Place of Birth (Street and Number) baltimore peach alle No 10
5. Full Name of Mother alices Samson
6. Mother's Maiden Name Alices cornish
7. Mother's Birthplace tobacco Stick
8. Full Name of Father Richard Samson
9. Father's Occupation drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address No 10 peach allie

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30411

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 14 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 April 1879
4. *Place of Birth (Street and Number)* 4 Harison St.
5. *Full Name of Mother* Magie Lasner
6. *Mother's Maiden Name* Heckman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Lasner
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30412

HEALTH DEPARTMENT
APR 14 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Col

3. Date of Birth April 8th 1879

4. Place of Birth (Street and Number) 69 Raborg st

5. Full Name of Mother Sarah A. Wilson

6. Mother's Maiden Name Sarah A. Comadore

7. Mother's Birthplace Friendship Anaranville Con Md

8. Full Name of Father Geo W Wilson

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Bray

Address 57 Raborg st

Remarks None

rect Record of Vital Statistics in the City of Baltimore.

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30413

HEALTH DEPARTMENT
APR 14 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 while 3 Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* No 8 of April
4. *Place of Birth (Street and Number)* No 6 Madison Alley
5. *Full Name of Mother* Mary Moody
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* William H Hall
9. *Father's Occupation* Carriage Driver
10. *Father's Birthplace* Hardford County

Name of Medical Attendant, or other Person who makes this return

Address Elizabeth Fox

Remarks Hon St nea Washington

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vital Record of Vital Statistics in the City of Baltimore.

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30414

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth April 8th 1879
4. Place of Birth (Street and Number) 17 Wilmer Alley
5. Full Name of Mother Isabella Dashields
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father { This is more than tongue can tell, being probably a "complicated case"! }
9. Father's Occupation The only occupation I know him to possess is that of procreator.
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Townsend St.

Remarks Cor. Myrtle Av.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
APR
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1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White "
3. *Date of Birth* April 8th 1879
4. *Place of Birth (Street and Number)* No. 13 Beaver St. (Balto. City)
5. *Full Name of Mother* Julia Ann Smith
6. *Mother's Maiden Name* " " Purple
7. *Mother's Birthplace* (Balto. City)
8. *Full Name of Father* John Smith
9. *Father's Occupation* Brickmaker.
10. *Father's Birthplace* (Balto. City)

Name of Medical Attendant, or other Person who makes this Return. H. E. Lemmon

Address No. 435 N. Eutaw St.

Remarks a Very delicate child.

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HEALTH DEPAR
APR 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 8th 1879
4. Place of Birth (Street and Number) N E Cor Caroline & Madison Streets
5. Full Name of Mother Martha E. Schaper
6. Mother's Maiden Name Joyce
7. Mother's Birthplace Calvert County Md
8. Full Name of Father Wm. H. Schaper
9. Father's Occupation Oyster Dealer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. S W Selvaer M.D.

Address S E Cor Eager & Caroline Streets

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPT. APR 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 8th 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st m.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 5th 1879.
4. *Place of Birth (Street and Number)* 268 Caroline St.
5. *Full Name of Mother* Maggie Doyle.
6. *Mother's Maiden Name* Maggie Kaiser.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Doyle.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary

Address No. 137 Wolfe St.

Remarks

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RETURN OF A BIRTH.

APR 10 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 April
4. *Place of Birth (Street and Number)* 271 Front St
5. *Full Name of Mother* Catharine Kelley
6. *Mother's Maiden Name* Clancy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Matthew Kelley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chimmer

Address No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

APR 10 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 8
4. Place of Birth (Street and Number)	70 Holliday St
5. Full Name of Mother	Margaret C McIntire
6. Mother's Maiden Name	McMahon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Phillip McIntire
9. Father's Occupation	Bar Tender
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ossila T Chrisme
Address	No 7 Fosser Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colored race
3. *Date of Birth* April the 8.1879
4. *Place of Birth (Street and Number)* No 8 madison al
5. *Full Name of Mother*
6. *Mother's Maiden Name* Francis Wells
7. *Mother's Birthplace* St Marys County md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Leggister St Baltimore md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist o advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
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BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child one mother

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 8th 1879
4. *Place of Birth (Street and Number)* Rogerston St No 126
5. *Full Name of Mother* Mary F. Galamison
6. *Mother's Maiden Name* Mary F. Shepperd
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Chas C. Galamison
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lucinder Wolford

Address No 130 N Rogerston St

Remarks Baltimore Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT APR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 8th 1879

4. *Place of Birth (Street and Number)* 95 Chesapeake St

5. *Full Name of Mother* Elizabeth Caton

6. *Mother's Maiden Name* Conners

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Michael Caton.

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams M.D.

Address 17 Robinson St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE APR 21 1879

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 9th 1879
4. *Place of Birth (Street and Number)* # 142 Chapel St. E.
5. *Full Name of Mother* Ann M. H. Griesner
6. *Mother's Maiden Name* Ann M Hockman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* M Griesner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Linne

Address # 169 S. Wash. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT APR 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* April 9th 1879
4. *Place of Birth (Street and Number)* Cor Bank & Caroline
5. *Full Name of Mother* Kunigunda Rudel
6. *Mother's Maiden Name* " Gebhart
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Rudel
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
MAY
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1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr. 9. 1879.
4. *Place of Birth (Street and Number)* 5 Carroll Alley,
5. *Full Name of Mother* Louisa Naumeistaffer,
6. *Mother's Maiden Name* Sauer,
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Christian Naumeistaffer,
9. *Father's Occupation* Carpenter,
10. *Father's Birthplace* Balt. Co.,

Name of Medical Attendant, or other Person who makes this Return. J. L. Ingle M. D.

Address 247 Lawrence st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9th April '79
4. Place of Birth (Street and Number) 169 N. Charles St.
5. Full Name of Mother Kate Carter
6. Mother's Maiden Name Kate Harvey
7. Mother's Birthplace Md
8. Full Name of Father Harry C Carter
9. Father's Occupation Bottled Dealer
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. D. Miller M.D.

Address 89 N. Green St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* April 9th
4. *Place of Birth (Street and Number)* Eager 98
5. *Full Name of Mother* Elizth C. Dobler
6. *Mother's Maiden Name* Foltz
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* David Dobler
9. *Father's Occupation* Constable
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
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1879
BALTIMORE

Name of Child: George Randolph Short

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 9th 79
4. *Place of Birth (Street and Number)* 215 Ridgely St.
5. *Full Name of Mother* Sophia Short
6. *Mother's Maiden Name* Weil
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Short
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 f. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT APR 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 9th
4. *Place of Birth (Street and Number)* 426 N Gay St
5. *Full Name of Mother* Mary J Riley
6. *Mother's Maiden Name* Mary J Davis
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph M Riley
9. *Father's Occupation* Can maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs I Oliver

Address 186 E monument St

Remarks

See Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10ten Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 9. 1879.
4. *Place of Birth (Street and Number)* Lewis St. N° 115
5. *Full Name of Mother* Katharina Krüger
6. *Mother's Maiden Name* Katharina Kraemer
7. *Mother's Birthplace* Veits-heim, K. Baiern. Germany
8. *Full Name of Father* Lorenz Krüger
9. *Father's Occupation* Musican
10. *Father's Birthplace* Niederzwern K. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. N° 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th April 1879
4. *Place of Birth (Street and Number)* No 9 Essex st
5. *Full Name of Mother* Therese Von Reitelen
6. *Mother's Maiden Name* " Ohler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodore Von Reitelen
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Volkmarsen, Hesse-Cassel

Name of Medical Attendant, or other Person who makes this return Midwife Lucken

Address No 10 Essex st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART APR 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 9, 1879
4. *Place of Birth (Street and Number)* 80 Oak St
5. *Full Name of Mother* Isabella Owens
6. *Mother's Maiden Name* Isabella McIntosh
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Owens
9. *Father's Occupation* ~~Labourer~~
10. *Father's Birthplace* Anna Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. J C Hummer

Address 189 Lanvale St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible] Eleventh

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white race
3. Date of Birth 9th April
4. Place of Birth (Street and Number) 278 Greenmount Avenue Baltimore Md
5. Full Name of Mother Catharine R. Evans
6. Mother's Maiden Name Catharine R. Millson
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William A. J. Evans
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address 330 Asquith St. Balt. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPART. APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Wednesday March 9th 1879
4. *Place of Birth (Street and Number)* 175 S. Chester st Baltimore Md
5. *Full Name of Mother* Louisa M. Murphy
6. *Mother's Maiden Name* Louisa M. Godbehett
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John A. Murphy
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address 165 S. Chester Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
APR 14 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 9th 1879
4. *Place of Birth (Street and Number)* No 312 Sharles St
5. *Full Name of Mother* Mathilda Shaumar
6. *Mother's Maiden Name* Zimmerman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Shaumar
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser midwife

Address 330 Hanover St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30436

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 9th of April 1879
4. *Place of Birth (Street and Number)* No 7 Forest St.
5. *Full Name of Mother* Mrs. Boor
6. *Mother's Maiden Name* Miss. Mayer
7. *Mother's Birthplace* born in Baden Germany
8. *Full Name of Father* John Boor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Baden Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Miller

Address 1017 West Balt St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30437

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 9 1879
4. *Place of Birth (Street and Number)* 1[illegible] Washington St
5. *Full Name of Mother* mary barrett
6. *Mother's Maiden Name* mary flin
7. *Mother's Birthplace* ireland
8. *Full Name of Father* bartelay barrett
9. *Father's Occupation* laborer
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 432 alicean na St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether ~~Male~~ or Female)* White
2. *Race or Color (if not of the white race)* April 9th 1879
3. *Date of Birth* 379 W. Lombard St
4. *Place of Birth (Street and Number)* Mary C. Spicer
5. *Full Name of Mother* " " Schart
6. *Mother's Maiden Name* Balti. Md
7. *Mother's Birthplace* H. L. Spicer
8. *Full Name of Father* Physician
9. *Father's Occupation* Balti. Md.
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address 379 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 9-27-49

30439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

Name: Edna Purdy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 9th of April

4. Place of Birth (Street and Number) Cathedral St.

5. Full Name of Mother Mary Catharine Purdy

6. Mother's Maiden Name Hurst

7. Mother's Birthplace Baltimore

8. Full Name of Father John Purdy

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Ann E. Crosby

Address 369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9.15. P.M. April 9th 1879
4. Place of Birth (Street and Number)	85. E. Baltimore Street
5. Full Name of Mother	Louisa J. Thomas
6. Mother's Maiden Name	" " Hughes
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles H. Thomas
9. Father's Occupation	Physician
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	C. H. Thomas M.D.
Address	85. E. Baltimore St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30441

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1870 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 April
4. *Place of Birth (Street and Number)* No 21 Hope st
5. *Full Name of Mother* Jose. Kaufmann
6. *Mother's Maiden Name* Jose. Burger
7. *Mother's Birthplace* Wittenberg S.
8. *Full Name of Father* C. Kaufmann
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Sachsweimar S.

Name of Medical Attendant, or other Person who makes this Return. M. A Byrd

Address No 185 Central Av. cor Monument st.

Remarks All Well.

30142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female, 2d Second

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* April 10th 1879,
4. *Place of Birth (Street and Number)* No. 47 Marion St
5. *Full Name of Mother* Katy Rockel,
6. *Mother's Maiden Name* Katy Lantz,
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* George Rickel,
9. *Father's Occupation* Whitewasher,
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5ft Child

1. *Sex (state whether male or female)* girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 April 1879
4. *Place of Birth (Street and Number)* Baltimore Wishtonwood 69
5. *Full Name of Mother* Emily Mikel
6. *Mother's Maiden Name* Thurtak
7. *Mother's Birthplace* Bohemian
8. *Full Name of Father* Frank Thurtak
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemian

Name of Medical Attendant, or other Person who makes this Return. M Koptis

Address 69 Wishontonwood

Remarks Baltimore Md D

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth April 10th
4. Place of Birth (Street and Number) No 37 N John St
5. Full Name of Mother Mary F. Whyte
6. Mother's Maiden Name Mary F. Gilmor
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Hollingsworth Whyte
9. Father's Occupation Lawyer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reggie Buckler

Address 135 N Chas St

Remarks

Mother taken on 3d day after confinement with Puerperal Fever

Vice Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT APR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 15th 1879

4. *Place of Birth (Street and Number)* No 4 South St. Balto

5. *Full Name of Mother* Hannah M. Sterley

6. *Mother's Maiden Name* Hannah M Sylden

7. *Mother's Birthplace* Balto Md.

8. *Full Name of Father* John Sterley

9. *Father's Occupation* Cigar Manufacturer

10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Jas L Fulton M.D.

Address No 134 Pearl St Balto

Remarks Child of Medium Size well formed & Healthy

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 17 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 10 Orlinstr. 1879
4. Place of Birth (Street and Number)	192 Orlinstr.
5. Full Name of Mother	Mage A. Finch
6. Mother's Maiden Name	M. A. Griffet
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Albert Finch
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie L. Seutiger
Address	134 n. Bondstr.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30447

APR 17 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 10th 79
4. Place of Birth (Street and Number) No 45 S. Bond St
5. Full Name of Mother Maggie Bradyhouse
6. Mother's Maiden Name Miss Feller
7. Mother's Birthplace Baltimore
8. Full Name of Father James Bradyhouse
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Goetzke

Address No 56 S. Bond St

Remarks

30448

HEALTH DEPARTMENT
AUG 16 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 10th 1879

4. Place of Birth (Street and Number) 274 Townsend St

5. Full Name of Mother Mary Amelia Phillips

6. Mother's Maiden Name Mary Amelia Weedon

7. Mother's Birthplace Talbott County Md

8. Full Name of Father William Alexander Phillips

9. Father's Occupation Carpenter

10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. H. S. Bowie M.D

Address 175 Arlington Avenue

Remarks

Your Record of Vital Statistics in the City of Baltimore.

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30449

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colerd
3. Date of Birth April 10 1879
4. Place of Birth (Street and Number) Durham St Bet Easternave-Banhst. 155
5. Full Name of Mother Leary Jane Brown
6. Mother's Maiden Name Lea[illegible]ine Thomas
7. Mother's Birthplace Dorch[illegible] County Md
8. Full Name of Father Ed[illegible] Brown
9. Father's Occupation Sailor
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Charlotte Brooks

Address 83 N Chappel St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30450

HEALTH DEPARTMENT
MAY 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 10. 1879
4. *Place of Birth (Street and Number)* Carey & Mosher Sts
5. *Full Name of Mother* Mary Elizabeth Becker
6. *Mother's Maiden Name* " " Brown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frederick Becker "
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 McCulloh St.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3011-51

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex (state whether Male or Female)*	Seventh Son
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 10 79 Maundy Thursday 9½ P.M.
4. *Place of Birth (Street and Number)*	No 19 n Liberty st
5. *Full Name of Mother*	Mary Catherine Hildebrandt
6. *Mother's Maiden Name*	Mary Catherine Wehn
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Herman Hildebrandt
9. *Father's Occupation*	Musical Instrument Maker
10. *Father's Birthplace*	Saxony
Name of Medical Attendant, or other Person who makes this Return.	Mrs Reis
Address	C. H. Hildebrandt No 19 n Liberty st
Remarks	Name of child: Louis Foltat Hildebrandt

30452

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White "
3. *Date of Birth* 11th of April 1879
4. *Place of Birth (Street and Number)* 384 North Eden Street
5. *Full Name of Mother* Laddea Briedsted
6. *Mother's Maiden Name* Laddea Wilson
7. *Mother's Birthplace* Somersetscounty
8. *Full Name of Father* James B Wilson
9. *Father's Occupation* Seafareman
10. *Father's Birthplace* Dorchesterscounty

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North chapel street Justina Kunkel

Remarks Healthy

30453

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1899 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* B
3. *Date of Birth* 10 April 1899
4. *Place of Birth (Street and Number)* Maryland County Water Reserve
5. *Full Name of Mother* Dore Carter
6. *Mother's Maiden Name* Burkhard
7. *Mother's Birthplace* U S
8. *Full Name of Father* Robert Carter
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) femail

2. Race or Color (if not of the white race) dark

3. Date of Birth on 10th of April 1879

4. Place of Birth (Street and Number) No 65 North Dallas St

5. Full Name of Mother Elizabeth Doufly

6. Mother's Maiden Name " " Jackson

7. Mother's Birthplace M D

8. Full Name of Father Eward Doufy

9. Father's Occupation Laborer

10. Father's Birthplace M D

Name of Medical Attendant, or other Person who makes this Return. Alice Ann Chapman

Address No 73 Mulligan St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30455

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th
4. Place of Birth (Street and Number)	130 Raborg St.
5. Full Name of Mother	Mrs Minnie Fehrenberg
6. Mother's Maiden Name	Süchting
7. Mother's Birthplace	Lippstadt Germany
8. Full Name of Father	Theodore Fehrenberg
9. Father's Occupation	Liquor and Grocery Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	H. F. Hill M.D. J. Smith
Address	36 Franklin St.
Remarks	Hare Lip

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

30456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPAR
APR
15
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10th 1879
4. Place of Birth (Street and Number)	112 Lexington
5. Full Name of Mother	Mary L. Heineger
6. Mother's Maiden Name	Mary L. Hunter
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Geo Heineger
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30457

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Apr. 10. 1879

4. Place of Birth (Street and Number) Bankstr No 35

5. Full Name of Mother Christ Schaefer

6. Mother's Maiden Name Braun

7. Mother's Birthplace Baltimore

8. Full Name of Father Joh. Schaefer

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Baumgrach

Address S. Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30458

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 1879
4. *Place of Birth (Street and Number)* No. 321 North Eden Street
5. *Full Name of Mother* Mrs. Maria Louisa Koch
6. *Mother's Maiden Name* Miss Maria Louisa Luckett
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Mr. Frederick William Koch
9. *Father's Occupation* Bookseller
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address No. 102 North Broadway

Remarks

RETURN OF A BIRTH.

30457

HEALTH DEPARTMENT APR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether male or female)* Girl.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 1879
4. *Place of Birth (Street and Number)* Chapel St nr Bank St.
5. *Full Name of Mother* Sarah E. D. Wilson
6. *Mother's Maiden Name* Sarah E Simpkins
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Chas. Wilson
9. *Father's Occupation* Day Driver
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms.

Address 169 Wash. St. nr East Ave.

Remarks

Williams

30460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female Colored
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* the 11 of April 1879
4. *Place of Birth (Street and Number)* Still 74
5. *Full Name of Mother* Rectory Unknown
6. *Mother's Maiden Name* Rectory grays
7. *Mother's Birthplace* Maschusis St Louis
8. *Full Name of Father* George Washington Unknown
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rosette

Address William, No 70 Chaney

Remarks Stuck Mother and Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 11 /879
4. Place of Birth (Street and Number) 327 N. Stricker
5. Full Name of Mother Sophie C Lssf.
6. Mother's Maiden Name Sophie C. Brickhouse
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James. A. Lssf
9. Father's Occupation Druggist.
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Cairnes M. D.

Address Woodberry Balto. Co. Maryland

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30462

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 11th 1879
4. *Place of Birth (Street and Number)* 502 East Fayette St
5. *Full Name of Mother* Kunigunda Schmidt
6. *Mother's Maiden Name* " Hasbert
7. *Mother's Birthplace* Md
8. *Full Name of Father* John Schmidt
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPAR MAY 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 7th, Child.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	~~March~~ April the 5th, 1879.
4. *Place of Birth (Street and Number)*	No 325 E. Madison St. Baltimore.
5. *Full Name of Mother*	Mary Mc Cart.
6. *Mother's Maiden Name*	Mary Clark.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	James Mc Cart.
9. *Father's Occupation*	Gas fitter and plumbing.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Julia Green.
Address	No 466 Gay St. Baltimore.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

304614

To the Office of Registrar of Vital Statistics, Board of Health,

- BALTIMORE CITY.

HEALTH DEPARTMENT
APR 20
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 1879
4. *Place of Birth (Street and Number)* Penna. Avenue near Bowsday, Avenue
5. *Full Name of Mother* Annie Holstein.
6. *Mother's Maiden Name* Annie Row (or Rau)
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* Anton Holstein
9. *Father's Occupation* Butcher,
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown Complection
3. Date of Birth April 11th 1879.
4. Place of Birth (Street and Number) No. 156 Tyson Street
5. Full Name of Mother Sampson Chase
6. Mother's Maiden Name " Chase Sampson
7. Mother's Birthplace Easton Talbot Co Md.
8. Full Name of Father Henry Chase
9. Father's Occupation Laborer
10. Father's Birthplace Cambridge Dorchester Co Md.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address No. 6 Hamilton Street

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30466

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether male or female)* girl
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* 11 April 1879
4. *Place of Birth (Street and Number)* Baltimore Bethel st No 58
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mis Brusk
7. *Mother's Birthplace* Gearman
8. *Full Name of Father* M Brusk
9. *Father's Occupation* hair Maker
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. M Kopts

Address 69 Wishonton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 18 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th of April 1879
4. *Place of Birth (Street and Number)* 52 Edonel st
5. *Full Name of Mother* Mary Elizebeth Schenk
6. *Mother's Maiden Name* Mary Elizebeth LeBaun
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* Andrew Schenk
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

304-68

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr. ~~4~~th 11th
4. *Place of Birth (Street and Number)* Harford ave. in water closset
5. *Full Name of Mother* Laura Call
6. *Mother's Maiden Name* Laur McKay
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm Call
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Branhom M. D.

Address 163 W. Lombard St

Remarks Patient says that she was taken suddenly ill found her way to a water closset on Harford ave. where she gave birth to her child which she brought to Maternite Hospital 1.30 min. after word. Mother & child are now doing well. J. H. B.

The Patient desires that these circumstances be kept secret. J. H. B.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20469

HEALTH DEPARTMENT
MAY 2 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 11th 1879
4. Place of Birth (Street and Number)	No 118 N Caroline
5. Full Name of Mother	Margaret A Cole
6. Mother's Maiden Name	Margaret A Patterson.
7. Mother's Birthplace	Maryland
8. Full Name of Father	John H Cole
9. Father's Occupation	Fells Point
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Howell
Address	286 N Bond St
Remarks	Name of Child Thomas H. Cole

30470
30471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First Confinement, Twins

1. *Sex (state whether Male or Female)* Both male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th April 1879
4. *Place of Birth (Street and Number)* No. 5 S. Chester St.
5. *Full Name of Mother* Martha A. McClintock
6. *Mother's Maiden Name* Nield
7. *Mother's Birthplace* Phila. Pa.
8. *Full Name of Father* Robert McClintock
9. *Father's Occupation* Rail Road Supervisor
10. *Father's Birthplace* Wilmington Delaware

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address 406 E. Baltimore St.

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30472

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) W
3. Date of Birth april 11. 1879
4. Place of Birth (Street and Number) N. 179 N Eutaw
5. Full Name of Mother Mary Carter
6. Mother's Maiden Name Mary Lavallyn
7. Mother's Birthplace Richmond Va
8. Full Name of Father John Carter
9. Father's Occupation architect
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. J H Buchanan M D

Address 23 Franklin

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth April 11th 1879

4. Place of Birth (Street and Number) 918 N. Lexington St

5. Full Name of Mother Emma L. Lobb

6. Mother's Maiden Name Emma L. Tilyard

7. Mother's Birthplace Baltimore City

8. Full Name of Father Jacob H. Lobb

9. Father's Occupation Grocer

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. John L. Rogers M.D.

Address City

Remarks

RETURN OF A BIRTH.

30474.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 1879
4. *Place of Birth (Street and Number)* 586 Penna Ave
5. *Full Name of Mother* Anna Kane
6. *Mother's Maiden Name* Anna Roe
7. *Mother's Birthplace* Augusta Co Va
8. *Full Name of Father* John Kane
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler M.D

Address 649 Penna Ave

Remarks

30475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* Withe
3. *Date of Birth* 11 April
4. *Place of Birth (Street and Number)* 4 No Odonet Street
5. *Full Name of Mother* Kejdy Werner
6. *Mother's Maiden Name* Drinks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Dzial Drinks
9. *Father's Occupation* —
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Merie Gättner

Address Wolfe Street 245.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30476

HEALTH DEPARTMENT
APR 14 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 April 1879
4. *Place of Birth (Street and Number)* 263 Bank St
5. *Full Name of Mother* Marie Butscher
6. *Mother's Maiden Name* Saeyer
7. *Mother's Birthplace* U S
8. *Full Name of Father* Fred Butscher
9. *Father's Occupation* Barbier
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30477

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
26
1875
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 April
4. *Place of Birth (Street and Number)* 60 Dallas st.
5. *Full Name of Mother* Laura Lynch
6. *Mother's Maiden Name* Laura Holland
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Lynch
9. *Father's Occupation* Coach Painter
10. *Father's Birthplace* Pensilvania

Name of Medical Attendant, or other Person who makes this Return. M. L Butt

Address No 185 Central Ave Home

Remarks All Well.

30478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 April
4. *Place of Birth (Street and Number)* 173 Chesnut St.
5. *Full Name of Mother* Mary Murphy
6. *Mother's Maiden Name* Mary McCall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Murphy
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return, M. A. Ruth

Address No 185 Central Av cor Monument

Remarks All ~~[illegible]~~ Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 12 —
4. *Place of Birth (Street and Number)*	1011 Penna ave
5. *Full Name of Mother*	Susan E Brown
6. *Mother's Maiden Name*	Henry
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Lewis Brown
9. *Father's Occupation*	Tobacconist
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W. L. Kemp
Address	223 Franklin St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 3 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* male Sex
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 12 of April
4. *Place of Birth (Street and Number)* Bevan St. No 20
5. *Full Name of Mother* Katy Fritz
6. *Mother's Maiden Name* Siegle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* G. A. Fritz
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Münz

Address 98 Lawrence

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30481

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* April 12th
4. *Place of Birth (Street and Number)* Peach Alley No 7
5. *Full Name of Mother* Mary Stewart
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* John Stewart
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Caroline Moore

Address 273 Hughes St

Remarks Baltimore Md.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30482

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. APR 17 1899 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apl. 12 th
4. Place of Birth (Street and Number) 204 Pennsylvania Avenue
5. Full Name of Mother Sallie E. Smith
6. Mother's Maiden Name Sallie E. Englar
7. Mother's Birthplace Carroll Co. Md.
8. Full Name of Father Thomas B. Smith
9. Father's Occupation Cigar maker
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 154 Townsend St. cor. Hoyle Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30483

HEALTH DEPAR... APR 18 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 12th of April 1879
4. *Place of Birth (Street and Number)* 96 Eastern Ave.
5. *Full Name of Mother* Maria Rosa Bellini
6. *Mother's Maiden Name* Maria Pelesi
7. *Mother's Birthplace* Livorno Italy
8. *Full Name of Father* Ernesto Enrico Bellini.
9. *Father's Occupation* Baker
10. *Father's Birthplace* Milano Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address 80 E Patterson Park Ave

Remarks

RETURN OF A BIRTH.

3011814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12th, 1879
4. Place of Birth (Street and Number)	26 N Harford ave
5. Full Name of Mother	Emma S. Heiter
6. Mother's Maiden Name	Emma S. Whaley
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm Heiter
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Simkins M.D.
Address	269 N. Caroline St.
Remarks	"Vs. Ex. Presentation"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30485

BIRTH DEPART.
APR 17 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Abril 12 1879
4. *Place of Birth (Street and Number)* 91 v. Karolinstr.
5. *Full Name of Mother* Julia Graf
6. *Mother's Maiden Name* J. Heinz
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Peter Graf
9. *Father's Occupation* Kabinetmaker
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie K. Rudziger

Address 134 N. Bondstr.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30486

RETURN OF A BIRTH.

APR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12 April
4. *Place of Birth (Street and Number)*	70 Holliday St
5. *Full Name of Mother*	Catharine Ryan
6. *Mother's Maiden Name*	Moran
7. *Mother's Birthplace*	Pikesville Md
8. *Full Name of Father*	Ambrose A Ryan
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

30487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr 12th
4. *Place of Birth (Street and Number)*	Maternity Hospital 163 W Lombard St
5. *Full Name of Mother*	Annie Foster
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	unknown
9. *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this Return.	J H Brouland M.D.
Address	163 W Lombard St
Remarks	No Thos Child one doing well

30488

HEALTH DEPARTMENT
APR 14 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 April 1879
4. *Place of Birth (Street and Number)* 410 Gay St
5. *Full Name of Mother* Marie Bietner
6. *Mother's Maiden Name* Hausman
7. *Mother's Birthplace* U S
8. *Full Name of Father* Adam Bietner
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 12-1-P.M. 1879
4. Place of Birth (Street and Number) 5 Moore Alley
5. Full Name of Mother Martha Sophia Derry
6. Mother's Maiden Name M. S. Emerson
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm G. Derry
9. Father's Occupation Porter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. N. G. Ridgely

Address 352 Madison Ave

Remarks Dead about 18 hours before birth retained placenta

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30490

HEALTH DEPT APR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 12th 1879
4. Place of Birth (Street and Number) No 53 German St Baltimore
5. Full Name of Mother Anna Wilhelmina Neukirch
6. Mother's Maiden Name " " Mayer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father August Wilhelm Neukirch
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Bremen Germany

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wamble M.D.

Address No 203 W. Lombard St.

Remarks Balt.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 15 1879 BALTIMORE HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th April 1879
4. *Place of Birth (Street and Number)* no 294 Madison st
5. *Full Name of Mother* Lizzie Heyning
6. *Mother's Maiden Name* Lizzie Kaut
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* G. Heyning
9. *Father's Occupation* Silver smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Killgeis

Address 182 E. Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT APR 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	12th of April
4. *Place of Birth (Street and Number)*	Lee St. No. 130
5. *Full Name of Mother*	Emma Edwards
6. *Mother's Maiden Name*	Emma Payne
7. *Mother's Birthplace*	Lancaster County Virginia
8. *Full Name of Father*	Peter Edwards
9. *Father's Occupation*	Coal Business
10. *Father's Birthplace*	Lancaster County Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sarah [illegible]
Address	286 South Howard St
Remarks	

30493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 13 of April 1879
4. *Place of Birth (Street and Number)* 125 Stirling Street
5. *Full Name of Mother* Henrietta White
6. *Mother's Maiden Name* Henrietta Henson
7. *Mother's Birthplace* Queen Anne County
8. *Full Name of Father* William White
9. *Father's Occupation* Labor
10. *Father's Birthplace* Queen Anne County

Name of Medical Attendant, or other Person who makes this Return. Bonetta

Address William No 70 Chestnut

Remarks Mother And Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3044911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th April
4. *Place of Birth (Street and Number)* Cor Fairmount av. & Washington st
5. *Full Name of Mother* Elizabeth Kesting
6. *Mother's Maiden Name* Schonback
7. *Mother's Birthplace* York - Penn.
8. *Full Name of Father* Edward Kesting
9. *Father's Occupation* Milk - Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 13 1879
4. *Place of Birth (Street and Number)* 163½ Mulberry
5. *Full Name of Mother* Laura Robinson
6. *Mother's Maiden Name* " Johns
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wm. S. Robinson
9. *Father's Occupation* Minister
10. *Father's Birthplace* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp

Address 223 Franklin St

Remarks

30496

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

Henry Andrew Ackermann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 13th 1879
4. *Place of Birth (Street and Number)*	39 Portland St
5. *Full Name of Mother*	Annie Bingel
6. *Mother's Maiden Name*	" Ackermann
7. *Mother's Birthplace*	Bavaria Germany
8. *Full Name of Father*	Fredrick Ackermann
9. *Father's Occupation*	Tabor
10. *Father's Birthplace*	Saxon Germany
Name of Medical Attendant, or other Person who makes this Return.	Olga Pallenkamp
Address	569 West Lombard St
Remarks	[illegible] ADDED 4-10-53 L.M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	this is the third
1. Sex (state whether Male or Female)	it is female
2. Race or Color (if not of the white race)	it is Colored
3. Date of Birth	Born on the 13th inst
4. Place of Birth (Street and Number)	No 182 Warner st
5. Full Name of Mother	Annie Nickerson
6. Mother's Maiden Name	Annie Stanford
7. Mother's Birthplace	182 Warner st
8. Full Name of Father	General Nickerson
9. Father's Occupation	Sewing
10. Father's Birthplace	194 Warner st
Name of Medical Attendant, or other Person who makes this Return.	george Anna Burton
Address	
Remarks	

30498

RETURN OF A BIRTH.

APR 19 1879

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ein Madchen
1. *Sex (state whether Male or Female)*	White.
2. *Race or Color (if not of the white race)*	(Balar Avenue
3. *Date of Birth*	13 April
4. *Place of Birth (Street and Number)*	Federal St. 4 Doors from
5. *Full Name of Mother*	Matelte Michel
6. *Mother's Maiden Name*	Madilte Hagelstein
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Louis Hagelstein
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seplifer
Address	Nr 33 Howard St
Remarks	Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Sixth.

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 13th 1879.
4. *Place of Birth (Street and Number)* 316 E. Fayette St.
5. *Full Name of Mother* Lillie Hellen.
6. *Mother's Maiden Name* Lillie Dinyan.
7. *Mother's Birthplace* Baltimore City, Md.
8. *Full Name of Father* John Ferguson Hellen.
9. *Father's Occupation* Nation Star.
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dudrill.

Address 207 S. Broadway.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 13th day of April, 1879.
4. *Place of Birth (Street and Number)* No. 4 Constitution St.
5. *Full Name of Mother* Lillie. Caroline. Schaefer.
6. *Mother's Maiden Name* Lillie, Caroline. Schaeffer.
7. *Mother's Birthplace* Cor. of. Harrison and Fayette st.
8. *Full Name of Father* Charles, Louis, Schaefer.
9. *Father's Occupation* Stone Cutter.
10. *Father's Birthplace* No. 4 Constitution St.

Name of Medical Attendant, or other Person who makes this Return. Lucien Kniß Gebauer

Address No. 26. H. Friedrichstadt

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 of April 1879
4. *Place of Birth (Street and Number)* Weber st. N° 4
5. *Full Name of Mother* Anna Snyder
6. *Mother's Maiden Name* Anna Fay
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* John Snyder
9. *Father's Occupation* Silver Plaiter
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Salena Grisheber

Address N. 128 West St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	mul.
3. *Date of Birth*	d. 13. April 1879.
4. *Place of Birth (Street and Number)*	Baltimore Peterson St. 24.
5. *Full Name of Mother*	Louise Reinhardt
6. *Mother's Maiden Name*	Bayer.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Franz Reinhardt.
9. *Father's Occupation*	Shoemaker.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmen.
Address	O'Donnell St. 21.
Remarks	

RETURN OF A BIRTH.

30303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 13th '79
4. *Place of Birth (Street and Number)* Maternity Hospital 163 W Lombard St
5. *Full Name of Mother* S. K. Spencer
6. *Mother's Maiden Name* S. K. Caldwell
7. *Mother's Birthplace* New York
8. *Full Name of Father* Charles A Spencer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Chicago Ill

Name of Medical Attendant, or other Person who makes this Return. J. H. Branham M.D.

Address 163 W Lombard St

Remarks Mother & Child are doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

303504

HEALTH DEPAR APR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Heath & Light sts April 13th 1879.
4. Place of Birth (Street and Number)	Heath & Light sts
5. Full Name of Mother	Mary E Ellis
6. Mother's Maiden Name	Mary E Scheckells
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Robt Ellis
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

30505

RETURN OF A BIRTH.

HEALTH DEPART APR 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black.
3. Date of Birth April 13th
4. Place of Birth (Street and Number) Parish alley
5. Full Name of Mother L. Robinson
6. Mother's Maiden Name L. Gray
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo. Robinson
9. Father's Occupation Coachman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Norris

Address Constitution & Presstown

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30506

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born April 1st
4. *Place of Birth (Street and Number)* Baltimore Patapsco St No 9
5. *Full Name of Mother* Henrietta Ford
6. *Mother's Maiden Name* " White
7. *Mother's Birthplace* St Marys County
8. *Full Name of Father* James Ford
9. *Father's Occupation* Labor Work
10. *Father's Birthplace* St Marys County

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross St

Remarks

30507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 21 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th of April 1877
4. *Place of Birth (Street and Number)* No 1 Potomac St Easter district
5. *Full Name of Mother* Catharine Bety
6. *Mother's Maiden Name* Catharine Stritte
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Bety
9. *Father's Occupation* Laborn
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Johana Devlin

Address No 168 Chesapeake St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30508

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Hester Ann Hopkins

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th 1879
4. *Place of Birth (Street and Number)* N° 124 Bolton St
5. *Full Name of Mother* Charlotte S. Hopkins
6. *Mother's Maiden Name* Charlotte S. Ludlow
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. Seth Hopkins
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Talbot Cy. Md

Name of Medical Attendant, or other Person who makes this Return. H. Thatard M.D

Address N° 114 Park Ave

Remarks GIVEN NAME ADDED. 3-20-52

30509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 14th 1879 ~~No.~~

4. Place of Birth (Street and Number) No. 520 Fremont Street

5. Full Name of Mother Leulie Rush

6. Mother's Maiden Name Leulie Hahn

7. Mother's Birthplace Europe

8. Full Name of Father Charlie Rush

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. Schmitt No. 479 Penna Avenue

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30510

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 14th 1879
4. *Place of Birth (Street and Number)* 92 Hill St.
5. *Full Name of Mother* Martha A. Reed
6. *Mother's Maiden Name* Martha A. Ellis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Reed
9. *Father's Occupation* Driver
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30511

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 M

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* race
3. *Date of Birth* 14 April
4. *Place of Birth (Street and Number)* Washington avenue
5. *Full Name of Mother* L Maier
6. *Mother's Maiden Name* barbarra
7. *Mother's Birthplace* Wilfertdingen
8. *Full Name of Father* P. Maier
9. *Father's Occupation* work coal shuvler
10. *Father's Birthplace* Welfertdingen

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberger

Address 14 Pen street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

305121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 April
4. Place of Birth (Street and Number)	35 Monument St
5. Full Name of Mother	Margaret Woods
6. Mother's Maiden Name	Glancy
7. Mother's Birthplace	Ireland
8. Full Name of Father	John W. Woods
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Christmas
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Dark
3. *Date of Birth*	April 14th /79
4. *Place of Birth (Street and Number)*	150 ~~Sharp~~ Street Baltimore
5. *Full Name of Mother*	Sarah E Smith
6. *Mother's Maiden Name*	Sarah Rafe
7. *Mother's Birthplace*	Calvert Co. Maryland
8. *Full Name of Father*	Charles E Smith
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Ann Jeffers Midwife
Address	No 12 ~~2~~ Alley. Baltimore City
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

303114

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 14 th 1879
4. *Place of Birth (Street and Number)* No 180 Hamburg st
5. *Full Name of Mother* Cathern Fortman
6. *Mother's Maiden Name* Keller
7. *Mother's Birthplace* America
8. *Full Name of Father* John Fortman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. E Lohwasser midwife

Address 330 Hanover st

Remarks

30515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Cooker Street~~ April 15
4. Place of Birth (Street and Number) Cooker Street
5. Full Name of Mother Wina Clowan
6. Mother's Maiden Name Wina King
7. Mother's Birthplace Baltimore
8. Full Name of Father Charley King
9. Father's Occupation Labor
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Margret Ellet

Address

Remarks No 13 Cubia Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30516

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15th April, 1879
4. *Place of Birth (Street and Number)* 18 Morris Alley bet Biddle, Madison & Preston Sts
5. *Full Name of Mother* Mary Kenny
6. *Mother's Maiden Name* Tyrrell
7. *Mother's Birthplace* Dublin Ireland
8. *Full Name of Father* Thomas Kenny
9. *Father's Occupation* Carpenter & Storekeeper
10. *Father's Birthplace* Dublin, Ireland

Name of Medical Attendant, or other Person who makes this return Dr. G. A. Fenton

Address Office 167 W. Biddle St.,

Remarks Normal Labor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 April 1879
4. *Place of Birth (Street and Number)* 29 Granby St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Emilie Schaumberg
7. *Mother's Birthplace* Germany
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Casper

Address 52 E Lombard St

Remarks

30518

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
23
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15
4. *Place of Birth (Street and Number)* 51 Johnson St
5. *Full Name of Mother* Dora ~~Lander~~ Platt
6. *Mother's Maiden Name* Dora ~~Lander~~ Lembach
7. *Mother's Birthplace* Lembach Germany
8. *Full Name of Father* Louis Platt
9. *Father's Occupation* Baker
10. *Father's Birthplace* Lembach Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

30519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colord.
3. *Date of Birth*	15th April 1879.
4. *Place of Birth (Street and Number)*	127 N. Caroline St.
5. *Full Name of Mother*	Margaret Harrison
6. *Mother's Maiden Name*	Margaret Wilkerson
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	James Ferguson
9. *Father's Occupation*	Cook S. Steam Boat
10. *Father's Birthplace*	Virginia. Rich.
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	125 N. Caroline St
Remarks	Balto City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* April 30th 1879
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

30521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE APR 21 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* male " "
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* april 15 1879
4. *Place of Birth (Street and Number)* 51 esick St
5. *Full Name of Mother* Josephine berry
6. *Mother's Maiden Name* Josephine webeb
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* willam h berry
9. *Father's Occupation* laborer
10. *Father's Birthplace* bowiner

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicanna St

Remarks .

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 18
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 April
4. *Place of Birth (Street and Number)* No 20 Lumbart St
5. *Full Name of Mother* Emelie Kohler
6. *Mother's Maiden Name* Imfank
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Kohler
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31523

RETURN OF A BIRTH.

APR 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d. and 10 d.

1. *Sex (state whether Male or Female)* 2 Males
2. *Race or Color (if not of the white race)* White "
3. *Date of Birth* Abril 15" 1879
4. *Place of Birth (Street and Number)* 150 Schew str.
5. *Full Name of Mother* Therese Flindenach
6. *Mother's Maiden Name* Therese Weidenbremer
7. *Mother's Birthplace* Bensalvanien
8. *Full Name of Father* Georg L. Flindennach
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstr

Remarks

30524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth April 15 d. 1879
4. Place of Birth (Street and Number) 257 E. Ekerstr.
5. Full Name of Mother M. R. Schaub
6. Mother's Maiden Name M. R. Butschadæ
7. Mother's Birthplace Baltimore
8. Full Name of Father Sebastian Schaub
9. Father's Occupation Warnischer
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bondstr.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 17 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Coloured
3. Date of Birth April 15th 1879
4. Place of Birth (Street and Number) Welcome alley no 133 Balt
5. Full Name of Mother Mrs Mary West
6. Mother's Maiden Name " Brown
7. Mother's Birthplace Balto M D "
8. Full Name of Father John West
9. Father's Occupation Sailor
10. Father's Birthplace Eastern Shore

Name of Medical Attendant, or other Person who makes this Return.

Address Francis Granby

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30526

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) African
3. *Date of Birth* ~~Jan~~ April 15th 1879
4. *Place of Birth* (Street and Number) No. 333 N. Howard St.
5. *Full Name of Mother* Martha Gleeas
6. *Mother's Maiden Name* Martha Fisher
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* Daniel Gleeas
9. *Father's Occupation* Trailer
10. *Father's Birthplace* Shanadoah Va.

Name of Medical Attendant, or other Person who makes this Return. Dr. F. W. Gardner

Address 120 N. Greene St. City.

Remarks

RETURN OF A BIRTH.

30527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE CITY
APR 16 1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored (Negro)
3. Date of Birth	April 15/79
4. Place of Birth (Street and Number)	No 40 Harrowe Alley
5. Full Name of Mother	Ann Scott
6. Mother's Maiden Name	Ann Jones
7. Mother's Birthplace	Balto County
8. Full Name of Father	James Scott
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto County
Name of Medical Attendant, or other Person who makes this Return.	J. J. Warren
Address	127 St Paul St
Remarks	Had a very tedious Labor but every thing normal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15/79
4. *Place of Birth (Street and Number)* No 26 Parish Pl
5. *Full Name of Mother* Laura V. Hoffman
6. *Mother's Maiden Name* " " Clement
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wilbur H. Hoffman
9. *Father's Occupation* Fireman B.&O.R.R.
10. *Father's Birthplace* Lancaster Co Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer M.D.

Address 379 W. Lombard St.

Remarks

RETURN OF A BIRTH.

30529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15th of April
4. *Place of Birth (Street and Number)*	No. 61. Mulberry St.
5. *Full Name of Mother*	Elizabeth Kunkel
6. *Mother's Maiden Name*	Elizabeth Wayford
7. *Mother's Birthplace*	England
8. *Full Name of Father*	Frederick Kunkel
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Madame M. E. Seebach
Address	439 N. Bata St.
Remarks	

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30530

HEALTH DEPT. MAY 2 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 15 1879

4. Place of Birth (Street and Number) ~~No~~ No 239 N Bond

5. Full Name of Mother Alice O Whitaker

6. Mother's Maiden Name Alice O Hanson

7. Mother's Birthplace Baltimore

8. Full Name of Father Howard Whitaker

9. Father's Occupation Car ~~Car~~ Inspector

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 W Tonoghst

Remarks Name of Child Wm Augustus Whitaker

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30531

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	April 15th 1879.
4. *Place of Birth (Street and Number)*	442 E Baltimore st.
5. *Full Name of Mother*	Sarah Stewart.
6. *Mother's Maiden Name*	" Kirkland.
7. *Mother's Birthplace*	Ireland.
8. *Full Name of Father*	Robert Stewart.
9. *Father's Occupation*	Superintendent Orient Distillery.
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	D. W. Cathell M.D.
Address	2 N Broadway.
Remarks	

RETURN OF A BIRTH.

30592

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 16th April 1879
4. *Place of Birth (Street and Number)* No 70 Short st
5. *Full Name of Mother* Mary Ann Ermey
6. *Mother's Maiden Name* " " Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alonzo Ermey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* West Indies

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Banet

Address Alonzo Ermey

Remarks

RETURN OF A BIRTH.

30533

HEALTH DEPT. MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3)
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 16th 1879
4. *Place of Birth (Street and Number)*	104 Greenmount Ave
5. *Full Name of Mother*	Margaret L Wolfel
6. *Mother's Maiden Name*	Margaret L Ridgley
7. *Mother's Birthplace*	Howard Co Md
8. *Full Name of Father*	Anton Wolfel
9. *Father's Occupation*	Railroad employ
10. *Father's Birthplace*	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

305314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 16 1879.
4. *Place of Birth (Street and Number)* No 368 S. Sharp st. Balti.
5. *Full Name of Mother* Katie Wendal Katie Malla
6. *Mother's Maiden Name* Katie Malla.
7. *Mother's Birthplace* Cu. Hessen.
8. *Full Name of Father* Fredrick Wendal.
9. *Father's Occupation* Vanicher.
10. *Father's Birthplace* Byran.

Name of Medical Attendant, or other Person who makes this Return. Katharine Munch

Address 98 Leadenhall St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 April
4. Place of Birth (Street and Number)	16 Thompson St
5. Full Name of Mother	Elisabeth A Parker
6. Mother's Maiden Name	Gray
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Parker
9. Father's Occupation	Cooper
10. Father's Birthplace	Frederick County Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 April 1879
4. *Place of Birth (Street and Number)* 421 Exeter St
5. *Full Name of Mother* Millie Stein
6. *Mother's Maiden Name* Dickman
7. *Mother's Birthplace* U S
8. *Full Name of Father* Charles Stein
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dana Cusper

Address 520 E. Lombard St

Remarks

~~30437~~
30537

HEALTH DEPARTMENT
APR 23 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* April the 17
4. *Place of Birth (Street and Number)* 186 South Howard St
5. *Full Name of Mother* Comilla Thaddy
6. *Mother's Maiden Name* Comilla parrinay
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* James Thaddy
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Millar Gross

Address 181 York St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Abril 17 d. 1879
4. *Place of Birth (Street and Number)* S. W. Cor. Mc Danoch. Eker Str.
5. *Full Name of Mother* Kathe Hollin
6. *Mother's Maiden Name* Kathe. Stuart
7. *Mother's Birthplace* W. Vergin
8. *Full Name of Father* Johan Hollin
9. *Father's Occupation* Grocere Stror k.
10. *Father's Birthplace* Eir land

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 r. Bond Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 17th 1879.
4. *Place of Birth (Street and Number)*	62 N. Schroeder St
5. *Full Name of Mother*	Sarah Barnhart
6. *Mother's Maiden Name*	Atkinson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Alfred Barnhart
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cuddy, M.D.
Address	363 Franklin St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30540

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr. 17th
4. *Place of Birth (Street and Number)* Montgomery & Leadenhall Sts
5. *Full Name of Mother* Mary Burns
6. *Mother's Maiden Name* Mary O'Brien
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Burns
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. T. E. Shatford Jr.

Address 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30541

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 17th 1879
4. *Place of Birth (Street and Number)*	No 17 Frederick St
5. *Full Name of Mother*	Julia Pennington
6. *Mother's Maiden Name*	" White
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Wm L. Pennington
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Wiesler
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30512

HEALTH DEPARTMENT
MAY
6
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17th 1879
4. Place of Birth (Street and Number)	No 108. Sharp. St
5. Full Name of Mother	Harriet Clark
6. Mother's Maiden Name	Harriet Pierson
7. Mother's Birthplace	New Jersey
8. Full Name of Father	Jos. W. Clark
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Barre av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

305143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* april 17
4. *Place of Birth (Street and Number)* 24 fayette
5. *Full Name of Mother* mary Boon
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* St marys Co
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 stark st

Remarks healthy child

30544

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) white

3. Date of Birth April 17th 1879

4. Place of Birth (Street and Number) Aisquith above Chew St

5. Full Name of Mother Annie Bruns

6. Mother's Maiden Name Annie Hartmann

7. Mother's Birthplace City?

8. Full Name of Father Jno Bruns

9. Father's Occupation Shoemaker.

10. Father's Birthplace City?

Name of Medical Attendant, or other Person who makes this Return. F. A. Warner

Address 256 N. Eden St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30545

HEALTH DEPARTMENT APR 24 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 17th 1872
4. *Place of Birth (Street and Number)* 68 Hand Street
5. *Full Name of Mother* Hannah Green
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address No 71 Burgundy Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30546

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 17th
4. *Place of Birth (Street and Number)* No 65 Frederick Ave
5. *Full Name of Mother* Mrs Mary Healy
6. *Mother's Maiden Name* Mary E. Colgan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John C. Healy
9. *Father's Occupation* Ex Fireman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. A Lindner

Address No 43 Monroe St

Remarks Weight - 13 3/4 and as hearty as a buck

RETURN OF A BIRTH.

30547

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th
4. *Place of Birth (Street and Number)* 289 Druid Hill Ave
5. *Full Name of Mother* Anna M. Herbain
6. *Mother's Maiden Name* Anna Myers
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* Thos. Herbain,
9. *Father's Occupation* Merchant
10. *Father's Birthplace* England,

Name of Medical Attendant, or other Person who makes this Return. Felix Jenkins

Address No 2 Cathedral St.

Remarks Child living & healthy

RETURN OF A BIRTH.

30548

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) 1st

1. *Sex (~~state whether~~ Male ~~or Female~~)* Male
2. *Race or Color (~~if not of the white~~ race)* White
3. *Date of Birth* April 18th 1879
4. *Place of Birth (Street and Number)* 513 W Lombard St.
5. *Full Name of Mother* Mollie E Barry
6. *Mother's Maiden Name* Mollie E Shiloh
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George F Barry
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John F Richardson

Address " " City

Remarks

30549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Required by Public Statutes of the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	April 15, 1879.
4. *Place of Birth (Street and Number)*	46 Clark St.
5. *Full Name of Mother*	Sarah Jr^c Teal.
6. *Mother's Maiden Name*	Sarah Kellum.
7. *Mother's Birthplace*	Accomac Co Va.
8. *Full Name of Father*	Alfred Jr Mc Teal.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	Norfolk, Va.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	175 Saratoga St
Remarks	

30550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ABR 21 1879 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

(state whether Male or Female) Male

e or Color (if not of the white race) White

e of Birth 18 of April 1879

ce of Birth (Street and Number) No 29 Harson St Easter district

Name of Mother No 29 Harson St Margget Galler

her's Maiden Name Margget Collians

her's Birthplace Irland

Name of Father Martin Galler

her's Occupation Sorbonn

her's Birthplace Irland

ne of Medical Attendant, or other Person who makes this return Mrs Johnna Devlin

dress No 167 Cheasapeake St Baltimore Md

arks

ANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 April 1879
4. *Place of Birth (Street and Number)* 2 Canal St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Marie Schmidt
7. *Mother's Birthplace* N Y
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Cooper

Address 52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 18. 1879.
4. *Place of Birth (Street and Number)* S. Durham St. No. 39.
5. *Full Name of Mother* Margaretha Gindeo
6. *Mother's Maiden Name* Margaretha Huber
7. *Mother's Birthplace* Bermutshain. Gr. Hessen. Germany
8. *Full Name of Father* Eduard Gindeo
9. *Father's Occupation* Painter
10. *Father's Birthplace* Creuznach, Pr. Prussia. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address [redacted] N. Dallas R.W. 26.

Remarks

RETURN OF A BIRTH.

305559

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 1879
4. *Place of Birth (Street and Number)* No. 177 Ramsay st. Baltimore
5. *Full Name of Mother* Annie Hines
6. *Mother's Maiden Name* Annie Miller
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Caleb Hines
9. *Father's Occupation* Coal
10. *Father's Birthplace* Howard County

Name of Medical Attendant, or other Person who makes this Return. No. 13 Mrs. Jane L. Marcer

Address No. 136 Mc. Henry st. Baltimore. Md.

Remarks

305511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 18th 1879
4. Place of Birth (Street and Number) No. 11. Milliman st
5. Full Name of Mother C. Hill
6. Mother's Maiden Name C Shipley
7. Mother's Birthplace Germany
8. Full Name of Father George Hill
9. Father's Occupation Boot Sitter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jena Hillegeist

Address No 182 E Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

By order of the Board of Health of the City of Baltimore.

GIVEN NAME ADDED 7-8-55

30553

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Maurice William Kline

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 18th 1879
4. *Place of Birth (Street and Number)* No 175 Hanover st
5. *Full Name of Mother* Ella Kline
6. *Mother's Maiden Name* " McCredy
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Willian Kline
9. *Father's Occupation* Newsman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs C A Lewis

Address 162 Hanover st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore.

30556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 18 April 1879
4. Place of Birth (Street and Number) 20 S. Spring St.
5. Full Name of Mother Lizzie Rehberger
6. Mother's Maiden Name Hagel
7. Mother's Birthplace Baltimore
8. Full Name of Father Christian Rehberger
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address 151 E Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30557

HEALTH DEPARTMENT
MAY
6
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 18th 1879
4. *Place of Birth (Street and Number)*	201 E. Pratt St.
5. *Full Name of Mother*	Eliza Ann Shaw.
6. *Mother's Maiden Name*	Eliza Ann Rea
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Joshua B. Shaw.
9. *Father's Occupation*	Pilot.
10. *Father's Birthplace*	Maryland,
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hanck M.D.
Address	75 E. Baltimore St
Remarks	

30558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 18th
4. Place of Birth (Street and Number) 156 Orleans St
5. Full Name of Mother Margann boyden
6. Mother's Maiden Name Marg ann todd
7. Mother's Birthplace Baltimore md
8. Full Name of Father william C boyden
9. Father's Occupation Street Cleaner
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Mrs T Oliver

Address 286 E monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) brown skin
3. Date of Birth 18 of april 1879
4. Place of Birth (Street and Number) Saratoga St 706
5. Full Name of Mother Betty Nickolison
6. Mother's Maiden Name Betty Powel
7. Mother's Birthplace Norththampton county Va
8. Full Name of Father Michel Nicholison
9. Father's Occupation Coachman
10. Father's Birthplace Norththampton county Va

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue 13

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 18th 1879
4. Place of Birth (Street and Number)
5. Full Name of Mother Isabella Kershaw
6. Mother's Maiden Name Barnesly
7. Mother's Birthplace Montgomery Co - Md.
8. Full Name of Father Charles Henry Kershaw
9. Father's Occupation Blacksmith - Balto. C.P.R. Co.
10. Father's Birthplace England -

Name of Medical Attendant, or other Person who makes this Return. Wm. W. Murray M.D.

Address

Remarks S. N. Carey St.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30561

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 18th 1879.
4. *Place of Birth (Street and Number)* Battery Av. No 261
5. *Full Name of Mother* Maggie Schuly
6. *Mother's Maiden Name* Maggie Berger.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Robert Shuls
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruner

Address No 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 April
4. *Place of Birth (Street and Number)* 156 Hudson st
5. *Full Name of Mother* Bridget Beirne Coll
6. *Mother's Maiden Name* Bridget Beirne
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Bernard Coll
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullens

Address 104 Carlay st Canton

Remarks.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 18th of April
4. Place of Birth (Street and Number) Federal St.
5. Full Name of Mother Elizabeth Simmons
6. Mother's Maiden Name " Edwards
7. Mother's Birthplace Baltimore
8. Full Name of Father John Simmons
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathedral Charlotte Crosby

Address 369 Cathedral St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30564

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 14 1879
4. *Place of Birth (Street and Number)* No 95 Lee St Baltimore City
5. *Full Name of Mother* Ellen Virginia Abernathy
6. *Mother's Maiden Name* Ellen Virginia Darrell
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Abraham Abernathy
9. *Father's Occupation* undertaker
10. *Father's Birthplace* Centerville Queen Ann Co Easton Md

Name of Medical Attendant, or other Person who makes this Return. Sophia A. Johnson

Address Lee St No. 99

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 16th 1879
4. *Place of Birth (Street and Number)* Mc Elderry St. No. 77
5. *Full Name of Mother* Katharine Wild
6. *Mother's Maiden Name* Katherine Yanies
7. *Mother's Birthplace* Traunn. K.K. Oestreich Europa
8. *Full Name of Father* Mathias Wild
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Traunn. K. K. Oestreich, Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Ballard St. No 26,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

30566

RETURN OF A BIRTH.

APR 23 1879
HEALTH DEPT. BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Abril 19 1879
4. Place of Birth (Street and Number) 132 Orlinstr.
5. Full Name of Mother Ema Flugel
6. Mother's Maiden Name Ema Eschrig
7. Mother's Birthplace Germane
8. Full Name of Father Johan Flugel
9. Father's Occupation Polizer
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n Bondstr.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Real Record of Vital Statistics in the City of Baltimore.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30567

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th
4. Place of Birth (Street and Number)	No 141 Parkin St
5. Full Name of Mother	Lizzie Thorpe
6. Mother's Maiden Name	Lizzie Sullen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Thorpe
9. Father's Occupation	Watchman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Horrigan
Address	No 112 Scott St
Remarks	

30568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	19
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	wite
3. Date of Birth	april 19
4. Place of Birth (Street and Number)	37 south Smader al
5. Full Name of Mother	anna mary thelen
6. Mother's Maiden Name	= = = kuhn
7. Mother's Birthplace	bevaren germene
8. Full Name of Father	John P thelen
9. Father's Occupation	stau malder
10. Father's Birthplace	prushe
Name of Medical Attendant, or other Person who makes this Return.	Mary Perlner
Address	59 south meder al
Remarks	

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 1879
4. *Place of Birth (Street and Number)* No. 38 Mc. Henry st. Baltimore.
5. *Full Name of Mother* Margaret Murphy
6. *Mother's Maiden Name* Margaret Henson
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Terrence Murphy
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane L. Mercer

Address No. 136 Mc. Henry st. Baltimore.

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 1879
4. *Place of Birth (Street and Number)* No 243 S Sharp st
5. *Full Name of Mother* Mary Mgd
6. *Mother's Maiden Name* Mary Schwaksf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Mgd
9. *Father's Occupation* Baltimor Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist

Address No 182 E Monument st

Remarks

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, [illegible], and residence of the parents, and the maiden name of the mother of such child or children.

30571

RETURN OF A BIRTH.

HEALTH DEPARTMENT
30
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 19th 1879
4. *Place of Birth (Street and Number)* No 1 Duncan alley
5. *Full Name of Mother* Maggeretta Volz
6. *Mother's Maiden Name* Lennes
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Micheal Volz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bolz

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics in the City of Baltimore.

30572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 19th 1879

4. Place of Birth (Street and Number) No. 124 Chester St.

5. Full Name of Mother Elizabeth Daniels

6. Mother's Maiden Name Beck

7. Mother's Birthplace Balto City

8. Full Name of Father James D. Daniel

9. Father's Occupation Carpenter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 244 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 19th 79
4. Place of Birth (Street and Number) #64 North Shroder Baltimore
5. Full Name of Mother Maggie H. Perry
6. Mother's Maiden Name Maggie H. Robinson
7. Mother's Birthplace 64 North Shroder St Baltimore Md
8. Full Name of Father J. H. Perry
9. Father's Occupation Shoe maker
10. Father's Birthplace #4 Benson St New York City

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dumler 60 Shroder

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 19th
4. *Place of Birth (Street and Number)* Cor Asquith · Federal St
5. *Full Name of Mother* Matilda L Graham
6. *Mother's Maiden Name* Matilda L Stayton
7. *Mother's Birthplace* Baltimore MD
8. *Full Name of Father* Elisha C Graham
9. *Father's Occupation* Grocer & Liquor Store
10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Isabella Oliver

Address 286 E monument St

Remarks premature birth

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th
4. Place of Birth (Street and Number)	No. 41 N. Front St.
5. Full Name of Mother	Sally Duck
6. Mother's Maiden Name	" Vile
7. Mother's Birthplace	London, England
8. Full Name of Father	William Duck
9. Father's Occupation	Superintendent of Laundry
10. Father's Birthplace	London, England
Name of Medical Attendant, or other Person who makes this Return.	F. Mut M. D.
Address	322 E. Pratt St
Remarks	Born alive & still living

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth April 17
4. Place of Birth (Street and Number) 41 McElroy st
5. Full Name of Mother Drucilla Cole
6. Mother's Maiden Name not married
7. Mother's Birthplace Baltimore and
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address 32 Short st

Remarks healthy child

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth april 14
4. Place of Birth (Street and Number) 144 central court
5. Full Name of Mother mary hakins
6. Mother's Maiden Name mary darcy
7. Mother's Birthplace Baltimore
8. Full Name of Father moses hakins
9. Father's Occupation labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short st

Remarks healthy child

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 19th
4. *Place of Birth (Street and Number)*	Cannon Street No 31
5. *Full Name of Mother*	Mary Seitz
6. *Mother's Maiden Name*	Mary Reihm
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John Seitz
9. *Father's Occupation*	Long shoreman
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address	No 12 Patterson Park Av
Remarks	Called in doctor gately

Vital Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30579

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d. Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 19. 1879.
4. *Place of Birth (Street and Number)*	161 Fulton Ave.
5. *Full Name of Mother*	Mary A. Cross.
6. *Mother's Maiden Name*	Mary A. Haslewood.
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	James H. Cross.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Jewell M.D.
Address	227 Fulton Ave
Remarks	Child Healthy

Fee Record of Vital Statistics in the City of Baltimore.

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30580

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th April
4. *Place of Birth (Street and Number)* 108 Johnson st
5. *Full Name of Mother* Rose A Keen
6. *Mother's Maiden Name* Rose Kew
7. *Mother's Birthplace* Gloucester N J
8. *Full Name of Father* Josiah Keen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 11 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19th April
4. *Place of Birth (Street and Number)*	99 Lurley st
5. *Full Name of Mother*	Ellen Cunningham
6. *Mother's Maiden Name*	Ellen Murphy
7. *Mother's Birthplace*	Philadelphia Pa
8. *Full Name of Father*	Peter Cunningham
9. *Father's Occupation*	Lumber
10. *Father's Birthplace*	Monaghan Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Sullivan
Address	104 Lurley st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30582

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th April 1879
4. *Place of Birth (Street and Number)* 634 Pennsylvania Avenue
5. *Full Name of Mother* Maria Mauschig
6. *Mother's Maiden Name* " Lipp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Mauschig
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigeldinger

Address 14 Union Sq

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30583

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	19 April 1879
4. *Place of Birth (Street and Number)*	No 8 Dover St.
5. *Full Name of Mother*	Caty Tierney
6. *Mother's Maiden Name*	Caty Gilder
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Pattrick Tierney
9. *Father's Occupation*	Mechinist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Lindner
Address	No 45 Monroe St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male (William H. Bell)
2. Race or Color (if not of the white race) White
3. Date of Birth Sunday April 20th 9 45 P.M. 1879
4. Place of Birth (Street and Number) 28 Spring Rowe
5. Full Name of Mother Laura Susanna Bell
6. Mother's Maiden Name Laura Susanna Thomas
7. Mother's Birthplace Howard Co. Md.
8. Full Name of Father William Franklin Bell
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Baltimore Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 23 1879 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20 April 1879
4. *Place of Birth (Street and Number)* 146 Lombard St
5. *Full Name of Mother* Elisabeth Meier
6. *Mother's Maiden Name* Botsii
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Meier
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lina Caspar

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30586

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
23
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20. 1879
4. *Place of Birth (Street and Number)* East Biddle St 143
5. *Full Name of Mother* Clara F Bergan
6. *Mother's Maiden Name* Clara F Trumbo
7. *Mother's Birthplace* Harford Road
8. *Full Name of Father* Edward Bergan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Harford Road

Name of Medical Attendant, or other Person who makes this Return. Louisa A C Overton

Address 10 North Wolf Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30587

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 20th 1879
4. *Place of Birth (Street and Number)* 180 St Ann's Ave
5. *Full Name of Mother* Mary Doll
6. *Mother's Maiden Name* " Brown
7. *Mother's Birthplace* City
8. *Full Name of Father* Lawrence Doll
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Beta

Address 243 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, [illegible] midwife, or other person in charge, who shall attend, assist or advise at the birth of any child [illegible] in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30588

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8 C

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Apr. 20. 1879
4. Place of Birth (Street and Number) Deemstr. 97
5. Full Name of Mother Katharine Kern
6. Mother's Maiden Name Lepper
7. Mother's Birthplace Oldenbury
8. Full Name of Father Michael Kern
9. Father's Occupation Lehner
10. Father's Birthplace Bevern

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Raupach

Address S. Wolfstr. 128

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 "

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 20 1879
4. *Place of Birth (Street and Number)* No 19 Butler st Baltimore
5. *Full Name of Mother* Magie Eckstorm
6. *Mother's Maiden Name* Magie Peck
7. *Mother's Birthplace* Darmstat "
8. *Full Name of Father* Christian Eckstorm "
9. *Father's Occupation* Trunk Maker
10. *Father's Birthplace* Hassen Darmstat

Name of Medical Attendant, or other Person who makes this Return. Katharine Minch

Address 48 Leadenhall Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30590

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 2 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Negro
3. *Date of Birth*	20 April
4. *Place of Birth (Street and Number)*	50 S. Bethel
5. *Full Name of Mother*	Mary Williams
6. *Mother's Maiden Name*	Wilson
7. *Mother's Birthplace*	Baltimore "
8. *Full Name of Father*	Henry Williams
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address	151 E Pratt St.
Remarks	

30591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth April 20th 1879

4. Place of Birth (Street and Number) 378 Lexington St

5. Full Name of Mother Mary J. Walker

6. Mother's Maiden Name Mary J. Harmer

7. Mother's Birthplace Salem New Jersey

8. Full Name of Father B. F. Walker

9. Father's Occupation Real Estate Agent

10. Father's Birthplace Kent Island Q. A.s Count= Md

Name of Medical Attendant, or other Person who makes this Return.

Address Alfred Hughes, M. D. 234 W. Biddle St

Remarks In moving I lost my book & have only just now found it after an exhaustive search — June 4th 1879.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* april 20 1879
4. *Place of Birth (Street and Number)* 427 fleet st
5. *Full Name of Mother* caths fitler
6. *Mother's Maiden Name* caths bech
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* gorge fitler
9. *Father's Occupation* laborer
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30593

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th 1879
4. Place of Birth (Street and Number)	241 Cayuga St
5. Full Name of Mother	Martha M. Galloway
6. Mother's Maiden Name	Martha M. Duncan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry C. Galloway
9. Father's Occupation	Keeper Hongkong
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M. D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30594

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 April
4. Place of Birth (Street and Number)	123 Sterling St
5. Full Name of Mother	Maria Ennis
6. Mother's Maiden Name	White
7. Mother's Birthplace	Harford County
8. Full Name of Father	Geo Ennis
9. Father's Occupation	Wagon Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisman
Address	No 7 Forest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 2 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — (4th) Fourth

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 20/79 —
4. Place of Birth (Street and Number) 17 Furrow St
5. Full Name of Mother Katrina Glatthaar
6. Mother's Maiden Name Katrina Schaffer
7. Mother's Birthplace Darmstadt =
8. Full Name of Father Peter Glatthaar
9. Father's Occupation Factory Hand
10. Father's Birthplace Darmstadt

Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell F.D.

Address 642 W. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30596

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colland
3. *Date of Birth* April 20th
4. *Place of Birth (Street and Number)* No 67 Russell St
5. *Full Name of Mother* Elizia A. Morsell
6. *Mother's Maiden Name* Elizia A King
7. *Mother's Birthplace* Arranal County
8. *Full Name of Father* Jno. H. Morsell
9. *Father's Occupation* Scourman
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this return Abraitia Brooks

Address No 2010 Warner St Bt Cross & West Streets

Remarks She is very Well at Present

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30597

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21st 1879
4. *Place of Birth (Street and Number)* 110 St Paul St
5. *Full Name of Mother* Jean Dandeen Perkins
6. *Mother's Maiden Name* Jean Dandeen Falconer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Elisha Harry Perkins
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J W D Mendenhall MD

Address 80 Read St

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Still born

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 21st April 1879
4. Place of Birth (Street and Number) 273 St Paul St
5. Full Name of Mother Anna William Gill
6. Mother's Maiden Name Anna Julia Gill
7. Mother's Birthplace Baltimore
8. Full Name of Father Claude Loraine Gill
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [signature] M D

Address 84 Read St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30599

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black.
3. Date of Birth April 21st 1879
4. Place of Birth (Street and Number) 5 Parish alley
5. Full Name of Mother Alice Booyer
6. Mother's Maiden Name " Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father John Booyer
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G H Norris, M.D.

Address Cor. Pressman & Stuckert

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30600

RETURN OF A BIRTH.

APR 23 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 21st 1879.
4. *Place of Birth (Street and Number)* 25 ~~23~~ N. Frederick St.
5. *Full Name of Mother* Ida Mochetti
6. *Mother's Maiden Name* Ida Richey
7. *Mother's Birthplace* Richmond Va.
8. *Full Name of Father* Giuseppe Nicolo Mochetti
9. *Father's Occupation* Fruit Vendor
10. *Father's Birthplace* Lucca (Italy)

Name of Medical Attendant, or other Person who makes this Return. Albert B. Lyman M.D. - L. M.

Address 375 E. Baltimore St. Baltimore.

Remarks

That a physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

30601

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 21st 1879
4. *Place of Birth (Street and Number)* 220 Eastern Ave
5. *Full Name of Mother* Barbara Waly
6. *Mother's Maiden Name* " Forster
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Waly
9. *Father's Occupation* Tavern
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30609

HEALTH DEPARTMENT
APR
30
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 21st 1879
4. *Place of Birth (Street and Number)* 390 Eastern Ave
5. *Full Name of Mother* Elizabeth Martin
6. *Mother's Maiden Name* " Tapkin
7. *Mother's Birthplace* City
8. *Full Name of Father* Theodore Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address 245 Canton Ave

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

Incorrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Sonth
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	April 21st 1879
4. Place of Birth (Street and Number)	191 Jefferson St
5. Full Name of Mother	Sarah E. Grace
6. Mother's Maiden Name	" " Kimble
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Aaron D. Grace
9. Father's Occupation	Shoe Manufacturer
10. Father's Birthplace	Talbot Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	W. W. Kite, M.D.
Address	341 S. Broadway
Remarks	

30604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Birth child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth April 21 B 79
4. Place of Birth (Street and Number) 247 S. Ann
5. Full Name of Mother Elizabeth Brien
6. Mother's Maiden Name Thomas
7. Mother's Birthplace Baltimore
8. Full Name of Father John Brien
9. Father's Occupation Tinner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Flathley, Asst

Address 245 E. Baltimore St.

Remarks

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30605

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the ~~white~~ race)
3. Date of Birth March 21. 1879
4. Place of Birth (Street and Number) Vaunkenstr 37
5. Full Name of Mother Margarethe Spiegel
6. Mother's Maiden Name Roeslein
7. Mother's Birthplace Beiern
8. Full Name of Father Vallentin Spiegel
9. Father's Occupation Lebner
10. Father's Birthplace Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanne Raupach

Address South Wolfstr 28

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 21st 79
4. *Place of Birth (Street and Number)*	223 N Hanover St.
5. *Full Name of Mother*	Carolina Ludwig
6. *Mother's Maiden Name*	Rheinhardt.
7. *Mother's Birthplace*	Charles Ludwig
8. *Full Name of Father*	Balto
9. *Father's Occupation*	Liquor dealer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mary Wood
Address	328 S. Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30607

HEALTH DEPARTMENT
MAY 6 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21 1879
4. Place of Birth (Street and Number)	No 8 Riverside av
5. Full Name of Mother	Annie C. Shroeder
6. Mother's Maiden Name	Annie C. Joeckel
7. Mother's Birthplace	City
8. Full Name of Father	J. Hugo. Shroeder
9. Father's Occupation	Clerk
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble Md
Address	17 Warren av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30608

HEALTH DEPARTMENT
MAY 6 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 21. 1879
4. *Place of Birth (Street and Number)*	308 E. Pratt St.
5. *Full Name of Mother*	Ann Mettaur,
6. *Mother's Maiden Name*	Ann Bartley,
7. *Mother's Birthplace*	Pennsylvania,
8. *Full Name of Father*	Henry C. Mettaur,
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hauck M.D.
Address	75 E Baltimore St.
Remarks	

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 23rd 1879

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth April 21st 1879.
4. Place of Birth (Street and Number) 263 Ann St.
5. Full Name of Mother Mary Rau.
6. Mother's Maiden Name Mary Kolbes.
7. Mother's Birthplace America
8. Full Name of Father Louis Rau.
9. Father's Occupation Laborer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St

Remarks

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 23 1879 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21.
4. Place of Birth (Street and Number)	No 22 Estern Ave
5. Full Name of Mother	Annie Medinger
6. Mother's Maiden Name	Annie Carbers
7. Mother's Birthplace	America
8. Full Name of Father	Fredick Medinger
9. Father's Occupation	Labor
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Eliza Fleming
Address	No 95 Albemarle st
Remarks	Scotty

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30611

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 April 1879
4. *Place of Birth (Street and Number)* Lexington fr. East House West
5. *Full Name of Mother* Maria L. Hartmaier
6. *Mother's Maiden Name* " " Owen
7. *Mother's Birthplace* Emmittsburg Md
8. *Full Name of Father* Richard Hartmaier
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Martin Brown Md

Address 68 McCulloh St

Remarks

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to Return to Jan. 1879

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

32612

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d,~~ 3d, ~~&c.~~)

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* April 21st 1879
4. *Place of Birth (Street and Number)* No 90 S Ann St
5. *Full Name of Mother* Alice E Sinclair
6. *Mother's Maiden Name* " " Bonn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James R Sinclair
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return J. Ridgway Andre MD

Address No 124 E Balto St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 22, 1879
4. *Place of Birth (Street and Number)* Norris St near Ramsay
5. *Full Name of Mother* Margaret Hutchinson Jones
6. *Mother's Maiden Name* Margaret Hutchinson
7. *Mother's Birthplace* Montgomery Co, Md
8. *Full Name of Father* Edward Jones
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. James Bosley MD.

Address 319 Hollins St Balto Md

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* April 22 1879
4. *Place of Birth (Street and Number)* 143 Durham st
5. *Full Name of Mother* margret J pierce
6. *Mother's Maiden Name* margret J Leimberg
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Louis A pierce
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30615
30616

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th & 6th (Twins)

1. Sex (state whether Male or Female) Females
2. Race or Color (if not of the white race) White
3. Date of Birth April 22 '79
4. Place of Birth (Street and Number) 10 Clark St.
5. Full Name of Mother Margaret Rourke
6. Mother's Maiden Name " Leonard
7. Mother's Birthplace Mid
8. Full Name of Father James Rourke
9. Father's Occupation Policeman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. Keller MD

Address 89 N Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth 22. April.
4. Place of Birth (Street and Number) 32. Covington St.
5. Full Name of Mother Elizze. Jording.
6. Mother's Maiden Name Elizze, Andre.
7. Mother's Birthplace Germane.
8. Full Name of Father Chs. Jording.
9. Father's Occupation Glass Warker.
10. Father's Birthplace Germani.

Name of Medical Attendant, or other Person who makes this Return. Katharine Munk

Address 98 Leadenhall St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30618

RETURN OF A BIRTH.

APR 23 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 23rd 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 22nd 1879
4. Place of Birth (Street and Number) 164 E. Lafayette St.
5. Full Name of Mother Maggie Wintersine
6. Mother's Maiden Name Maggie Dutschmann
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Wintersine
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arend

Address No. 137 Wolfe St.

Remarks

RETURN OF A BIRTH.

30619

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 22nd 1879
4. *Place of Birth (Street and Number)* Universith Hospital
5. *Full Name of Mother*
6. *Mother's Maiden Name* Eliza Ann Bowdler
7. *Mother's Birthplace* City
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. D. B. Brown M. D.

Address Maryland & Universith Hospital

Remarks

Extract Regulations of the Board of Health relative to correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 April
4. *Place of Birth (Street and Number)*	69 Calvert St
5. *Full Name of Mother*	Margaret MacGuilan McFeeley
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	New York
8. *Full Name of Father*	Wm MacGuilan
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30621

APR 23 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 127 Welcom alley
4. *Place of Birth (Street and Number)* Mother corel
5. *Full Name of Mother* april 17 Mother Daley
6. *Mother's Maiden Name* Sundon pinful
7. *Mother's Birthplace* Samie Colrel
8. *Full Name of Father* keep a light-house
9. *Father's Occupation* Sundon pinful
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Milly Gross

Address yorke street 181

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Apr th. 23
4. Place of Birth (Street and Number) Howard Stt No. 348
5. Full Name of Mother Cathrenen Adkins
6. Mother's Maiden Name Catheren Jackson
7. Mother's Birthplace Richmond Va.
8. Full Name of Father William D. Adkins
9. Father's Occupation Weater
10. Father's Birthplace Charles City. Co Va

Name of Medical Attendant, or other Person who makes this Return. Ellen Swebbs

Address 42 Little Sharp Stt

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30623

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 23rd 1879
4. *Place of Birth* (Street and Number) No 328 Myrtle Av. Balt.
5. *Full Name of Mother* Elizabeth Giles Sands
6. *Mother's Maiden Name* " " Hardesty
7. *Mother's Birthplace* Richmond Virginia.
8. *Full Name of Father* Samuel George Taylor Sands
9. *Father's Occupation* Wholesale & Retail Tobacconist
10. *Father's Birthplace* Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wemble M.D.

Address No 203 W. Lombard St.

Remarks

30624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 April 1879
4. *Place of Birth (Street and Number)* 24 Albermarle
5. *Full Name of Mother* Lizie Schecher
6. *Mother's Maiden Name* Walter
7. *Mother's Birthplace* U S
8. *Full Name of Father* Christ Schecher
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 April 1879
4. *Place of Birth (Street and Number)* High cor. Steil
5. *Full Name of Mother* Eyie Conlay
6. *Mother's Maiden Name* Boyler
7. *Mother's Birthplace* U S
8. *Full Name of Father* Henry Conlay
9. *Father's Occupation* Canmaker
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30626

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 23d 1879
4. Place of Birth (Street and Number)	318 Asquith St
5. Full Name of Mother	Kate T. Coonan
6. Mother's Maiden Name	Gross
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John W. Coonan
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether* [redacted] *or female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23d
4. *Place of Birth (Street and Number)* No. 50 Parish St.
5. *Full Name of Mother* Helena Friedericke Hamel
6. *Mother's Maiden Name* Helena Friedericka Wischhusen
7. *Mother's Birthplace* Bremen, Germany
8. *Full Name of Father* Henry William Hamel
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Liebenau, Kingdom Hanover Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Streater

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 23d
4. *Place of Birth (Street and Number)* Maternity Hospital 163 W Lombard St
5. *Full Name of Mother* Elizabeth Martina
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. J. H. Brouham M.D.

Address 163 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr 23d 1879
4. *Place of Birth (Street and Number)*	Maternite Hospital 163 W Lombard St
5. *Full Name of Mother*	Kate Valk
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	/
10. *Father's Birthplace*	/
Name of Medical Attendant, or other Person who makes this Return.	J. H. Branham M. D.
Address	163 W. Lombard St.
Remarks	Mother & child are doing well

30630

HEALTH DEPARTMENT
MAY 17 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th "

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* " 23 April "
4. *Place of Birth (Street and Number)* — Belair Road
5. *Full Name of Mother* Katharine Supring
6. *Mother's Maiden Name* " " Emay
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Henry Supring
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30631

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth April 23 1879
4. Place of Birth (Street and Number) 103 Laborge st
5. Full Name of Mother Mary Brown
6. Mother's Maiden Name ~~no father~~ West river
7. Mother's Birthplace no father
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. ob holot proctor

Address No 10 Carlton st

Remarks

30632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	april 23d
4. *Place of Birth (Street and Number)*	179 Sharpe St
5. *Full Name of Mother*	Sharlot Smith
6. *Mother's Maiden Name*	Sharlot Smith
7. *Mother's Birthplace*	colbert county
8. *Full Name of Father*	william Baker
9. *Father's Occupation*	labour
10. *Father's Birthplace*	virginia
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Barter
Address	no 4 paptscoavenue
Remarks	helthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30633

HEALTH DEPAR
MAY 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 April 1879
4. *Place of Birth (Street and Number)* 36 Argyle Avenue
5. *Full Name of Mother* Mary V Haswell
6. *Mother's Maiden Name* Rae
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Emory Hall Haswell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 McCulloh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

Name, Christian William Plate

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* (Female) Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 23 1879
4. *Place of Birth (Street and Number)* 69 Mulberry St
5. *Full Name of Mother* Kate Plate
6. *Mother's Maiden Name* " Mühlheimrich
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Wm Plate
9. *Father's Occupation* Grocer
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Annie Mesauzeht

Address 138 Penna Avenue

Remarks

Extract Registrar's ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 23d 1879
4. Place of Birth (Street and Number) No 100 Frederick, ave.
5. Full Name of Mother Mary Brouer.
6. Mother's Maiden Name Mary Kleka.
7. Mother's Birthplace Germany
8. Full Name of Father John Brouer.
9. Father's Occupation Plasterer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Doll.

Address 57 Bantatoe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Ap 23 of Apl.
4. Place of Birth (Street and Number) No 113 Dales.
5. Full Name of Mother Cate Zaler
6. Mother's Maiden Name Cate Sonbat.
7. Mother's Birthplace Baltimore
8. Full Name of Father Martin Sonbat
9. Father's Occupation Taler
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sauer

Remarks 173 Harfert. ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Ap 23d 1879
4. *Place of Birth (Street and Number)* 15 Elizabeth Lane
5. *Full Name of Mother* Catherine C Faid
6. *Mother's Maiden Name* " " Raymond
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Faid
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Augustus M. Dodge M.D.

Address 201 Hanover St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 23d
4. *Place of Birth (Street and Number)*	182 Saratoga St
5. *Full Name of Mother*	Gertrude Rohr
6. *Mother's Maiden Name*	Gertrude May
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Nathan Rohr
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Lemmons
Address	No 2 Cathedral St
Remarks	Child living & healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

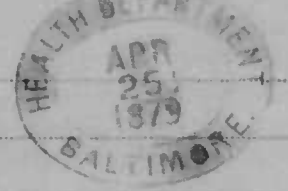
30639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE



No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 24th 1/79
4. Place of Birth (Street and Number) 671 Penna Ave
5. Full Name of Mother Mollie Decker
6. Mother's Maiden Name Mollie Black
7. Mother's Birthplace Baltimore
8. Full Name of Father Milton Decker
9. Father's Occupation Mchinist
10. Father's Birthplace ~~B~~ York Penna

Name of Medical Attendant, or other Person who makes this Return. Geo. W Norris M.D.

Address Cor Stucker & Pressman

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Apr 24, 1879
4. *Place of Birth (Street and Number)* 47 Parrish St
5. *Full Name of Mother* Charlotte Matthews
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* —
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. James Bosley M.D.

Address 319 Hollins St Balt Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th 1879
4. Place of Birth (Street and Number)	421 W. Mc. Henry St.
5. Full Name of Mother	Mary Rice
6. Mother's Maiden Name	Mary Sweeney.
7. Mother's Birthplace	Mary Land.
8. Full Name of Father	James Rice
9. Father's Occupation	City Laborer.
10. Father's Birthplace	Mary Land.
Name of Medical Attendant, or other Person who makes this Return.	Mary J. Lennan
Address	No. 435 W. Mc. Henry St.
Remarks	Very Delicate child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 24, 1879.
4. *Place of Birth (Street and Number)* S. Broadway No. 121.
5. *Full Name of Mother* Christina Ludolph
6. *Mother's Maiden Name* Christina Dachleber
7. *Mother's Birthplace* Zellen. Pr. Saxonia. Germany
8. *Full Name of Father* Justus Ludolph
9. *Father's Occupation* Dealer in China Ware
10. *Father's Birthplace* Diefe. Pr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 April
4. *Place of Birth (Street and Number)*	Locust Point
5. *Full Name of Mother*	Anna Noon
6. *Mother's Maiden Name*	Anna Doulan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	~~Anna~~ Patrick Noon
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margret Ellet
Address	13 Cubid Street
Remarks	

RETURN OF A BIRTH.

306444

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Abril 24 d 1879
4. Place of Birth (Street and Number) 227 n. Bond Str.
5. Full Name of Mother Erlem Dusch
6. Mother's Maiden Name Erl. Hardman
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Dusch
9. Father's Occupation Maschinist
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudiger

Address 134 n. Bond Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30645

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 24 1879
4. *Place of Birth (Street and Number)* N 118 E Eager St
5. *Full Name of Mother* Anna E Jenny
6. *Mother's Maiden Name* Anna E Surratt
7. *Mother's Birthplace* District of Columbia
8. *Full Name of Father* William A Jenny
9. *Father's Occupation* Chemist
10. *Father's Birthplace* County Sligo Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Chataud M D

Address N 114 Park ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	April 24th 1879
4. Place of Birth (Street and Number)	Bank St. 48
5. Full Name of Mother	Kate Chamberlain
6. Mother's Maiden Name	" Dreckeler
7. Mother's Birthplace	Balto Md
8. Full Name of Father	George Chamberlain
9. Father's Occupation	Driver
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Uhlig
Address	48 Holland St
Remarks	

30647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 24th 1879
4. Place of Birth (Street and Number) Bond st 231
5. Full Name of Mother Elisabeth Rain
6. Mother's Maiden Name — — Dreeler
7. Mother's Birthplace Baltimore Md,
8. Full Name of Father John Dreeler
9. Father's Occupation Driver
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address 48 Holland

Remarks

Fact Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 24th 1879
4. Place of Birth (Street and Number) Nokes Scott St
5. Full Name of Mother Mary Bell
6. Mother's Maiden Name " Rose
7. Mother's Birthplace City
8. Full Name of Father Wm Bell
9. Father's Occupation Watchman
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 1240 Scott St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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30644

RETURN OF A BIRTH.

HEALTH DEPT. MAY 10 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 24th 1879 A.M.
4. *Place of Birth (Street and Number)* 319 N. Caroline Street
5. *Full Name of Mother* Mary Louisa Corbett Spear
6. *Mother's Maiden Name* Mary L. C. Corbett
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* De Merick Spear
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Maine

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

30650

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 24
4. Place of Birth (Street and Number) University - Hospital
5. Full Name of Mother Kitty Hall
6. Mother's Maiden Name —
7. Mother's Birthplace City
8. Full Name of Father Clarke Hall
9. Father's Occupation dead
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. F. B. Brune M. D.

Address University - Hospital

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 of April 1879.
4. Place of Birth (Street and Number) 125 N. Caroline St.
5. Full Name of Mother Annie F. Hammyer
6. Mother's Maiden Name Annie Grebring
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jacob Grebring
9. Father's Occupation Saleman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline

Remarks Baltimore City

Registrar of Vital Statistics in the City of Baltimore.

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30652

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 24th 1879
4. Place of Birth (Street and Number) No 305 N Ann St
5. Full Name of Mother Sarah A Happersett
6. Mother's Maiden Name Sarah A Sheeler
7. Mother's Birthplace Baltimore
8. Full Name of Father John R Happersett
9. Father's Occupation Paperhanger
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 2 6 McDonough St

Remarks Child not named yet.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 24th 1879
4. *Place of Birth (Street and Number)* 41 Wilcox St
5. *Full Name of Mother* Minnie Forsythe
6. *Mother's Maiden Name* " Ackerman
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Geo. A. Forsythe
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehe (Trio)

Address 138 Penna Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

306514

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th "

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 24th 1879
4. *Place of Birth (Street and Number)* # 121 Conway.
5. *Full Name of Mother* Mary E. Morris
6. *Mother's Maiden Name* " " Wilson
7. *Mother's Birthplace* Howard Co - Md
8. *Full Name of Father* William W. Morris
9. *Father's Occupation* Rail Road Employee -
10. *Father's Birthplace* Howard Co - Md

Name of Medical Attendant, or other Person who makes this Return. D. S. Bell M.D.

Address # 161 Sharp St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24th of April 1879
4. Place of Birth (Street and Number) 221 McElderry st extended
5. Full Name of Mother Virginia Ann Deal
6. Mother's Maiden Name Virginia A Hayward
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jerry Deal
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary A Hayward

Address 109 Chestnut st

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th 1879.
4. Place of Birth (Street and Number)	184 Harlem Ave.
5. Full Name of Mother	Maggie B. Tudor
6. Mother's Maiden Name	Maggie B. Getty
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph O. Tudor
9. Father's Occupation	Banking
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Wilson M.D.
Address	234 W. Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30657

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child in good health
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th April 1879
4. Place of Birth (Street and Number)	Baltimore City Dover St No 4
5. Full Name of Mother	Ellen Crocken
6. Mother's Maiden Name	Ellen Mc Hugh
7. Mother's Birthplace	Ireland
8. Full Name of Father	Nelson Crocken
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anderson
Address	349 Mc Henry St
Remarks	

30638

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born April 24
4. *Place of Birth (Street and Number)* Baltimore 265 Hanover St
5. *Full Name of Mother* Harry [redacted] Grove
6. *Mother's Maiden Name* " Clare
7. *Mother's Birthplace* Calvert County
8. *Full Name of Father* Henry Grove
9. *Father's Occupation* Labor Work
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 388 Cross St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

30659

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th 1879
4. Place of Birth (Street and Number)	19 104 Frederick Ave
5. Full Name of Mother	Louise Kreag.
6. Mother's Maiden Name	Louise Joh.
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Kreag,
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Katherine Doll
Address	57 Bantalee St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30660

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 der Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 24. 1879.
4. *Place of Birth (Street and Number)* Mulliken St No 105 ½.
5. *Full Name of Mother* Lizzie Rappold
6. *Mother's Maiden Name* Lizzie Schäfer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Amos Rappold
9. *Father's Occupation* Broom Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 1 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 der Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 24. 1879
4. *Place of Birth (Street and Number)* E. Fayette St. No. 337.
5. *Full Name of Mother* Margaretha Hörr
6. *Mother's Maiden Name* Margaretha Neumann
7. *Mother's Birthplace* Pittsburg. Pa.
8. *Full Name of Father* John Hörr
9. *Father's Occupation* Pastor
10. *Father's Birthplace* Pittsburg. Pa.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

30662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th April 1879
4. *Place of Birth (Street and Number)* 177 Barre st
5. *Full Name of Mother* Cecelia Steinberg
6. *Mother's Maiden Name* " Fallheimer
7. *Mother's Birthplace* New York State
8. *Full Name of Father* Philip Steinberg
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Hanover. Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Schlifer

Address 33 S Howard st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30663

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 April
4. *Place of Birth (Street and Number)* Piney Lane
5. *Full Name of Mother* Lizzie Conrad
6. *Mother's Maiden Name* Moore
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Conrad
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Keptin Simon

Address No 70 Granby Street

Remarks

30664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Girls

2. Race or Color (if not of the white race) White

3. Date of Birth 25 April 1879.

4. Place of Birth (Street and Number) Baltimore County

5. Full Name of Mother Rosalia Reinhard

6. Mother's Maiden Name Rosalia Rammer

7. Mother's Birthplace Germany

8. Full Name of Father Friedrich Reinhard

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarens

Address Russel St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 25 April 1879
4. Place of Birth (Street and Number) 25 Gough St
5. Full Name of Mother Carolina Eckel
6. Mother's Maiden Name Lentzer
7. Mother's Birthplace Germany
8. Full Name of Father Louis Eckel
9. Father's Occupation Eis Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30666

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first "

1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) "
3. Date of Birth April 25 1879
4. Place of Birth (Street and Number) 958 W Baltimore Street
5. Full Name of Mother Jeanette Louise Obermüller
6. Mother's Maiden Name Jeanette Louise Schütz
7. Mother's Birthplace Hausberge, Germany
8. Full Name of Father Carl Hartwig Ernst Obermüller
9. Father's Occupation Dentist
10. Father's Birthplace Hannover, Germany

Name of Medical Attendant, or other Person who makes this Return. C. H. E. Obermüller

Address Anne Dumler 60 Schroter

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 23 1879 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 April 1879
4. *Place of Birth (Street and Number)* 195 Mulberry St
5. *Full Name of Mother* Rosa F. Mincey
6. *Mother's Maiden Name* Rosa F. Johnson
7. *Mother's Birthplace* Baltimore md.
8. *Full Name of Father* Joseph Mincey
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Beaver MD

Address 258 W Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, ass. or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr. 25th 1879
4. *Place of Birth (Street and Number)*	469 E. Fayette St.
5. *Full Name of Mother*	Virginia N. Carrick
6. *Mother's Maiden Name*	Virginia R. Miller
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Wm. J. Carrick
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace*	Prince Georges Co.
Name of Medical Attendant, or other Person who makes this Return.	Geo. Powell M.D.
Address	227 Carrollton Ave
Remarks	Child Healthy

30669

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 25th April 1879
4. *Place of Birth (Street and Number)* 875 W Baltimore st
5. *Full Name of Mother* Christina Knaty
6. *Mother's Maiden Name* " Schneeman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Philip Knaty
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engeldinger

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30670

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	25th of April 1879
4. *Place of Birth (Street and Number)*	401 Durham Street
5. *Full Name of Mother*	Annie Fitzman
6. *Mother's Maiden Name*	Annie Fetch
7. *Mother's Birthplace*	Baltimore,
8. *Full Name of Father*	Nick Fetch
9. *Father's Occupation*	Broommaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Krunkel
Address	11 North Chappel st, Crescentia Krunkel
Remarks	Healthy

30671

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5 five

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 25th 1879
4. Place of Birth (Street and Number) 1 E. Belair lote
5. Full Name of Mother Caroline E. Gibson
6. Mother's Maiden Name Caroline E. Bonds
7. Mother's Birthplace Baltimore County
8. Full Name of Father John H. Gibson
9. Father's Occupation Labor
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sophia Hinds

Address No 135 Chestnut St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30672
1819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 29 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Mo 25 of Abril
4. Place of Birth (Street and Number) No 101 Harfer ave
5. Full Name of Mother Alisabat Smit
6. Mother's Maiden Name Alesabat. Frot. Fritz
7. Mother's Birthplace Germany
8. Full Name of Father Jospaf. Frötz
9. Father's Occupation Laber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks 101. Harfer ave.

Mr

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 1 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25th April 1879
4. *Place of Birth (Street and Number)* No number Ft Ave.
5. *Full Name of Mother* Louisa Snitter
6. *Mother's Maiden Name* " Beck
7. *Mother's Birthplace* Cumberland
8. *Full Name of Father* Phil Snitter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Augustus W. Dodge M.D.

Address 201 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30674

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colᵈ
3. *Date of Birth* April 26th 1879
4. *Place of Birth (Street and Number)* 158 S. Durham St.
5. *Full Name of Mother* Mrs Florence Banner
6. *Mother's Maiden Name* Florence Sturdure
7. *Mother's Birthplace* Eastern Shore Md
8. *Full Name of Father* Alexander Banner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Walker

Address 98 Holland St.

Remarks Very Delicate in Health.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 30 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 26
4. *Place of Birth (Street and Number)* 26 Byrd St
5. *Full Name of Mother* Laura J. Folson
6. *Mother's Maiden Name* " " Rollins
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm J Folson
9. *Father's Occupation* Bolder Maker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 26 — 1879
4. *Place of Birth (Street and Number)*	No 62 Barre St
5. *Full Name of Mother*	Harriet Slaven
6. *Mother's Maiden Name*	" Fritz
7. *Mother's Birthplace*	Balti
8. *Full Name of Father*	Geo. Slaven
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Balti
Name of Medical Attendant, or other Person who makes this Return.	Mrs C A Lewis
Address	162 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 26th April 1879
4. Place of Birth (Street and Number) 199 Ramsay St
5. Full Name of Mother Mary Maddon
6. Mother's Maiden Name Mary Givins
7. Mother's Birthplace Baltimore
8. Full Name of Father John A Maddon
9. Father's Occupation Brakesman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Collrum

Address 369 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 26 April 15 minutes past 2 afternoon 1879
4. *Place of Birth (Street and Number)* East Balto. mellikin St no. 179
5. *Full Name of Mother* Georgietta Coleman
6. *Mother's Maiden Name* Georgietta Green
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Jno. Alexander Coleman
9. *Father's Occupation* Ships Caulker
10. *Father's Birthplace* Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return. midwife Susan M. Morgan 47

Address Robust and healthy child) north Durham St

Remarks

30679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday April 26th. 1879
4. Place of Birth (Street and Number)	394 E. Madison St.
5. Full Name of Mother	Rebecca Spandeur
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isaac Stern
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	269 N. Caroline St.
Remarks	(This is an illegitimate birth) Vertex Presentation"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10te

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Apr. 26. 1879
4. Place of Birth (Street and Number) S Schappelstr 36
5. Full Name of Mother Marie Schefnitz
6. Mother's Maiden Name Rebald
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Schefnitz
9. Father's Occupation Horssiller
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Raupach

Address S. Wolfstr 128

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
MAY
3
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 26th
4. *Place of Birth (Street and Number)*	124 Henrietta st
5. *Full Name of Mother*	Mary Cornelius
6. *Mother's Maiden Name*	Hare
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	John Cornelius
9. *Father's Occupation*	Cart Driver
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328. S. Eutaw.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 26th 79.
4. *Place of Birth (Street and Number)*	47 Columbia Av.
5. *Full Name of Mother*	Fancie Eckert
6. *Mother's Maiden Name*	Spaller
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Clarence Eckert
9. *Father's Occupation*	Varnisher
10. *Father's Birthplace*	Saxony Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Krob
Address	328 S. Eutaw St.
Remarks	

30683

HEALTH DEPARTMENT
MAY 6 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Males
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26 1879
4. Place of Birth (Street and Number)	42 Hamburg St
5. Full Name of Mother	Lizzie Carmine
6. Mother's Maiden Name	Lizzie Rickett
7. Mother's Birthplace	City
8. Full Name of Father	Jas Carmine
9. Father's Occupation	Fruit Packer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Warren av

Remarks This was Twin Labor one hour between the children. the last. Lateral presentation & had to be Turned

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

306844

RETURN OF A BIRTH.

DEPAR
MAY
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 April
4. Place of Birth (Street and Number)	45 Holt Str.
5. Full Name of Mother	Maria Maroušek
6. Mother's Maiden Name	" Lukáš
7. Mother's Birthplace	Přeborov Bohemia
8. Full Name of Father	Wenzel Maroušek
9. Father's Occupation	Laborer
10. Father's Birthplace	Chiska Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20 Barnes Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30685

RETURN OF A BIRTH.

MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male Sex
2. *Race or Color (if not of the white race)* white race
3. *Date of Birth* 26th April
4. *Place of Birth (Street and Number)* No 52 Pine st
5. *Full Name of Mother* Mrs Anna Barbara Daniel
6. *Mother's Maiden Name* Miss Anna Barbara Snyder
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Daniel
9. *Father's Occupation* Boot fitter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Dammler

Address [illegible] Howard St.

Remarks none

30686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nº The Twenty Six th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 26th
4. Place of Birth (Street and Number) 640 Prato Street
5. Full Name of Mother Julia McInerheny
6. Mother's Maiden Name Julia Hogan
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick McInerheny
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mr Seibaugh

Address To the honour Health Commissioners

Remarks

rect Record of Vital Statistics in the City of Balt

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 26th 1879.

4. Place of Birth (Street and Number) 54 Lexington Av.

5. Full Name of Mother Mollie Hazenrick

6. Mother's Maiden Name Mollie Thompkins

7. Mother's Birthplace York Co. Penna.

8. Full Name of Father Wm. Chas. Hazenrick.

9. Father's Occupation Grocer Cashier.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Aug. F. Erich M.D.

Address 94 S. Broadway.

Remarks

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Per Record of Vital Statistics in the City of Baltimore.

30688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1879
4. Place of Birth (Street and Number)	# 85 Hillen St
5. Full Name of Mother	Caroline Cole
6. Mother's Maiden Name	Green
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles H. Cole
9. Father's Occupation	Barber
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return	Jas J. Bell M.D
Address	# 134 N. Exeter St
Remarks	

30689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 April
4. *Place of Birth (Street and Number)* 820 Fairmount Ave
5. *Full Name of Mother* Mary C Kirby
6. *Mother's Maiden Name* Mary C Lawrence
7. *Mother's Birthplace* Baltimore Co.
8. *Full Name of Father* Samuel H Kirby
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullers

Address 104 Curley st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 26th 1879
4. *Place of Birth (Street and Number)* Raters Lane
5. *Full Name of Mother* Christine Bailey
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

30691

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 26th
4. Place of Birth (Street and Number) 53 Whatcoat.
5. Full Name of Mother May Huggins
6. Mother's Maiden Name May Smith
7. Mother's Birthplace Washington
8. Full Name of Father Wm Huggins
9. Father's Occupation Street Paver
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Norris M.D.

Address Cor Stricker & Prentiss

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
29
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether male or female)* boy one girl . twins
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* 26 th. april 1879
4. *Place of Birth (Street and Number)* No. 229 Eleet st.
5. *Full Name of Mother* Magdalena
6. *Mother's Maiden Name* Wise
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Josef Wise
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. M. Kostish

Address 69 Washington st

Remarks

30693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 26 1879
4. *Place of Birth (Street and Number)* 213 Centaur St
5. *Full Name of Mother* Charlotte Nicholson
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* George Nicholson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Annie Nasenzche (Mrs)

Address 138 Penna Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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306911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 27. 1879.
4. *Place of Birth (Street and Number)* N. Dallas St. № 50
5. *Full Name of Mother* Carolina Menzing
6. *Mother's Maiden Name* Caroline Theisz
7. *Mother's Birthplace* Willersdorf. K. Preussen. Germany
8. *Full Name of Father* Ernst Menzing
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hanover. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. № 26.

Remarks

30695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colᵈ
3. Date of Birth Born April 27th 1879 (3 Ams.)
4. Place of Birth (Street and Number) No. 170 South Dallas St.
5. Full Name of Mother Louisia Bannis
6. Mother's Maiden Name Louisia Harris
7. Mother's Birthplace Gabbet Co. Md.
8. Full Name of Father George Chaplin Banner
9. Father's Occupation Laborer
10. Father's Birthplace Petersburgh Va.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Leah Walker

Remarks 98 Holland St. (all well)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30696

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Baltimore April 28th 79

1. *Sex (state whether male or female)* It is a female
2. *Race or Color (if not of the white race)* It is a white Race
3. *Date of Birth* 27th day of April
4. *Place of Birth (Street and Number)* Born in Baltimore 433 Saratoga
5. *Full Name of Mother* Mrs Hattie Caspare
6. *Mother's Maiden Name* Miss Hattie Barsch
7. *Mother's Birthplace* Born in Baltimore
8. *Full Name of Father* Mr Frank. Charles. Caspare
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anne Parker

Address 60 Hanover

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

30697

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 27th 1879

4. Place of Birth (Street and Number) No 21 Brunswick

5. Full Name of Mother Caroline Crane

6. Mother's Maiden Name " Bamberger

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Joseph Crane

9. Father's Occupation Shoe Maker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. M. G. Rogers M.D.

Address 87 Mulberry St

Remarks

30698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 27th 1879
4. *Place of Birth (Street and Number)* No 2 Gittings court
5. *Full Name of Mother* Margarethe Schoenhardt
6. *Mother's Maiden Name* unger
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Heinrich Schoenhardt
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. p. Lohwasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 27
4. *Place of Birth (Street and Number)* 68 Ridgely St
5. *Full Name of Mother* Margaret A. Shickells
6. *Mother's Maiden Name* M. J. Watkins
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Merrick R. Shickells
9. *Father's Occupation* Coal Dealer
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Katharine Munch

Address 98 Leadenhall Street

Remarks

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April ~~2~~ the 27 1879
4. *Place of Birth (Street and Number)* 26 Patterson park Av
5. *Full Name of Mother* Senia Funk
6. *Mother's Maiden Name* Senia Mateus
7. *Mother's Birthplace* Germinia
8. *Full Name of Father* George Funk
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 27th
4. Place of Birth (Street and Number) No 46 S. Bethel St
5. Full Name of Mother Ester Lehman
6. Mother's Maiden Name " " " Hirsh
7. Mother's Birthplace Baltimore
8. Full Name of Father Ensel Lehman
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this Return Mrs Goetzke

Address No 56 S. Bond St

Remarks

RETURN OF A BIRTH.

30702

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 24th 1879
4. *Place of Birth (Street and Number)* No 166 Lexington St
5. *Full Name of Mother* Clara Cohen
6. *Mother's Maiden Name* Clara Stiefel
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Benjamin Cohen
9. *Father's Occupation* Dry Goods Store
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M.D.

Address No 203 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Fifty Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 27th April 1879
4. Place of Birth (Street and Number) Paterson Ave - near Gilmore St
5. Full Name of Mother Berta Hughes
6. Mother's Maiden Name Berta Thurburn
7. Mother's Birthplace Fredericksburg Va
8. Full Name of Father Thomas Hughes
9. Father's Occupation Attorney at Law
10. Father's Birthplace Wheeling Va

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D

Address 234 W. Biddle St

Remarks In moving I lost my book & have only just found it after an exhaustive search - June 4th 1879

30703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth, April 27 1878
4. Place of Birth (Street and Number) No. 40 Monroe St. Balto City.
5. Full Name of Mother Laura E. Carroll
6. Mother's Maiden Name Laura E. Creamer
7. Mother's Birthplace Mary Land.
8. Full Name of Father Albert G. Carroll.
9. Father's Occupation Labor at Mt. Clare shops.
10. Father's Birthplace Mary Land.

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman

Address No. 435 W. Mc. Henry St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPA
MAY
12
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April. 27. 1879.
4. Place of Birth (Street and Number)	419 Penna. Ave.
5. Full Name of Mother	Mary Glaeson
6. Mother's Maiden Name	English
7. Mother's Birthplace	Ireland
8. Full Name of Father	Philip Glaeson
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	731 Penna. Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

30706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY,

HEALTH DEPARTMENT
MAY
8
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 t.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl. 27
4. Place of Birth (Street and Number)	Maryland Ave.
5. Full Name of Mother	Mary Wall
6. Mother's Maiden Name	Mary Dade
7. Mother's Birthplace	Montgomery Co.
8. Full Name of Father	Wm Ed Wall
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	H. Hamilton
Address	251 Madison Ave
Remarks	

30707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
7
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 27th 1879
4. Place of Birth (Street and Number) No 220 Eager St
5. Full Name of Mother Elizabeth Metz
6. Mother's Maiden Name Elizabeth Remmel
7. Mother's Birthplace Germany
8. Full Name of Father John Metz
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hans Killegrost

Address No 84 E Monument St

Remarks

RETURN OF A BIRTH.

MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th 1879
4. Place of Birth (Street and Number)	No. 242 West St
5. Full Name of Mother	Amelia Sporleder.
6. Mother's Maiden Name	Amelia Drautmann
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Sporleder.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Fisher
Address	W. W. Cor Lombard & Howard sts.
Remarks	33 South Howard St

30709

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
2
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27
4. *Place of Birth (Street and Number)* Block No. 72
5. *Full Name of Mother* Maggie Lambert
6. *Mother's Maiden Name* " Patrick
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Ford Lambert
9. *Father's Occupation* Sailmaker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. L Kraft

Address 236 Canton Ave

Remarks

30710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27th 1879
4. *Place of Birth (Street and Number)* 360 E. Lombard Street
5. *Full Name of Mother* Susanna Louisa Dannetelle
6. *Mother's Maiden Name* " " Kleppish
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Frederick Dannetelle
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return James [illegible] McShane, Md.

Address 68 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1879
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	27 April
4. *Place of Birth (Street and Number)*	176 Eden St
5. *Full Name of Mother*	Lizzie Grant
6. *Mother's Maiden Name*	Lizzie Morrill
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Michal J Grant
9. *Father's Occupation*	painter
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs I Oliver
Address	186 E monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30712

HEALTH DEPARTMENT
APR 28 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) German — American
3. Date of Birth April 27 — 79.
4. Place of Birth (Street and Number) 72 N Aunty
5. Full Name of Mother Pauline Lizzie Zink
6. Mother's Maiden Name " " Wand
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Conrad Zink
9. Father's Occupation Flour & Feed Merchant
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. F. Linthicum Md.

Address # 584 W Fayette St

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30713

HEALTH DEPARTMENT
MAY 1
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health of
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th 1879
4. Place of Birth (Street and Number)	8 Stockton St.
5. Full Name of Mother	Mary Elizabeth Pierot
6. Mother's Maiden Name	Mary Elizabeth Neely
7. Mother's Birthplace	Nashville Tennessee
8. Full Name of Father	Herman Jacques Pierot
9. Father's Occupation	Laborer
10. Father's Birthplace	Leyden, Holland
Name of Medical Attendant, or other Person who makes this Return.	Harvey Wells
Address	3-4 West street
Remarks	

30714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 28th 1879
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W Lombard St
5. *Full Name of Mother* Annie Grofton
6. *Mother's Maiden Name* Annie Belk
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* John Grofton
9. *Father's Occupation* Glass Flower
10. *Father's Birthplace* Wheeling W.Va

Name of Medical Attendant, or other Person who makes this Return. J. H. Branhoni M.D.

Address 163 W. Lombard St

Remarks Mother & Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
30
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 April
4. *Place of Birth (Street and Number)* No 45 Exeter st
5. *Full Name of Mother* Lizzie Schmidt
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry August Schmidt
9. *Father's Occupation* Professor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Steiner

Address No 70 Granby street

Remarks

30716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* M.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 28. 1879
4. *Place of Birth (Street and Number)* 311 S. Broadway
5. *Full Name of Mother* Mary M. Gordon
6. *Mother's Maiden Name* Bird
7. *Mother's Birthplace* Leesburg, Va.
8. *Full Name of Father* Samuel C. Gordon
9. *Father's Occupation* Physician.
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. S. C. Gordon, M.D.

Address 311 S. Broadway

Remarks

30717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28th April '79
4. Place of Birth (Street and Number) 213 Lexington St.
5. Full Name of Mother Anna M List
6. Mother's Maiden Name " " Himler
7. Mother's Birthplace Md
8. Full Name of Father Frank List
9. Father's Occupation Grocer
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. J G Keller, M D

Address 89 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 28th 79
4. Place of Birth (Street and Number) 45 N. Carolina St
5. Full Name of Mother Sophie Schneider
6. Mother's Maiden Name Lueffert
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Schneider
9. Father's Occupation Instrument & Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 245 E. Baltimore St

Remarks

F. Lattimore Sr

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 28th 1879
4. *Place of Birth (Street and Number)*	No 90 Leadenhall
5. *Full Name of Mother*	Matilda Walter
6. *Mother's Maiden Name*	Kraenzler.
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Balthasar Walter
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster midwife
Address	330 Hanover St.
Remarks	

HEALTH DEPARTMENT
1879
BALTIMORE

30720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Apr 28 1879
4. Place of Birth (Street and Number) Doemstr 90
5. Full Name of Mother Margaretha Eckel
6. Mother's Maiden Name Fischer
7. Mother's Birthplace Baern
8. Full Name of Father Wilhelm Eckel
9. Father's Occupation Barber
10. Father's Birthplace Kur. Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Baupach

Address S. Wolfstr 28

Remarks Midwife

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30721

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28th 1879
4. *Place of Birth (Street and Number)* No 491 Gay st
5. *Full Name of Mother* Mary Lutz
6. *Mother's Maiden Name* Mary Meets
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Lutz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Augerstown

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address 181 E Monument st

Remarks

30722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 28 the 1879
4. Place of Birth (Street and Number) West Madison St No 125. Balt
5. Full Name of Mother Kate Maria Wehrhahn
6. Mother's Maiden Name " " Weber
7. Mother's Birthplace Baltimore
8. Full Name of Father Hanre August Eduard Wehrhahn
9. Father's Occupation Taylor
10. Father's Birthplace (Hannover) Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26. [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30723

RETURN OF A BIRTH.

HEALTH DEPART
MAY
5
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	28 April
4. *Place of Birth (Street and Number)*	368 Mc Donough
5. *Full Name of Mother*	Julia Moore
6. *Mother's Maiden Name*	Lacey
7. *Mother's Birthplace*	South Ireland
8. *Full Name of Father*	Daniel Moore
9. *Father's Occupation*	Shoe Cutter
10. *Father's Birthplace*	South Ireland
Name of Medical Attendant, or other Person who makes this Return.	Amanda J Chrisman
Address	No 7 Forest Place
Remarks	

30724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 28 April 1872
4. *Place of Birth (Street and Number)* 27 Douglas Street
5. *Full Name of Mother* May origin young
6. *Mother's Maiden Name* May origin anderson
7. *Mother's Birthplace* Sheppert town origin
8. *Full Name of Father* John young
9. *Father's Occupation* Labor
10. *Father's Birthplace* Buck town

Name of Medical Attendant, or other Person who makes this Return. Ranth

Address William No 70 Chestnut

Remarks Mother and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30725

HEALTH DEPT. MAY 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	color
3. *Date of Birth*	28 of april
4. *Place of Birth (Street and Number)*	No. 4 Spring garden avenue
5. *Full Name of Mother*	Henrietta Seny
6. *Mother's Maiden Name*	Henrietta Chase
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	Solomon Seny
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Duran Conty
Name of Medical Attendant, or other Person who makes this return	Milly Gross
Address	Yarko Street 181
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30726

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28
4. *Place of Birth (Street and Number)* # 236 Canton Ave
5. *Full Name of Mother* Maggie Naumann
6. *Mother's Maiden Name* Winterling
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas Naumann
9. *Father's Occupation* Dyer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. L Kratz

Address # 236 Canton Ave

Remarks

30727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 28 1879
4. Place of Birth (Street and Number) No 375 Penna Avenue
5. Full Name of Mother Katie H Jakel
6. Mother's Maiden Name Katie Weismann
7. Mother's Birthplace Baltimore
8. Full Name of Father Charley Jakel
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. E. Schmitt No No 476 P A.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30798

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 29 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 10th

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* April 28/879.
4. *Place of Birth (Street and Number)* 84 Granby St
5. *Full Name of Mother* Catherine Powell
6. *Mother's Maiden Name* " Kehoe = "Late Mrs Cork."
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* David Powell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. A Wright Hartzell M.D.

Address 11 S. High St

Remarks 7th child, Labor brought on by fright.

30.729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1879
BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)	2d.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 28th. 1879
4. *Place of Birth* (Street and Number)	218 Ley St.
5. *Full Name of Mother*	Annie L. Hawkins.
6. *Mother's Maiden Name*	Annie L. Woods
7. *Mother's Birthplace*	Baltimore City. "
8. *Full Name of Father*	William Wallace Hawkins
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Norfolk Va.
Name of Medical Attendant, or other Person who makes this Return.	DeLancey H. Barclay M.D.
Address	47 Cumay St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

Sex (state whether Male or Female) female

Race or Color (if not of the white race) White

Date of Birth April 28th 1879

Place of Birth (Street and Number) number 44 corner of first st and first av baltimore county

Full Name of Mother Delia R. bell

Mother's Maiden Name Delia R. bradford

Mother's Birthplace Baltimore city

Full Name of Father Lenard J bell

Father's Occupation farmar

Father's Birthplace baltimore county

Name of Medical Attendant, or other Person who makes this Return. mrs Lewis

Address Clinton st canton baltimore county

Remarks

30731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th April 1879
4. *Place of Birth (Street and Number)* 281 Franklin st
5. *Full Name of Mother* Louisa Schultz
6. *Mother's Maiden Name* " Liner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Emil Schultz
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theresia Engelbinger — Midwife

Address 14 Union st

Remarks

RETURN OF A BIRTH.

30734

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 29th 1879
4. *Place of Birth (Street and Number)* 156 S Broadway
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* " Mueller
7. *Mother's Birthplace* Md
8. *Full Name of Father* Andrew Miller
9. *Father's Occupation* Jeweler
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aid or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30733

RETURN OF A BIRTH.

No 11

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	April 29th 1879
4. Place of Birth (Street and Number)	E. Lager St #13
5. Full Name of Mother	Elizabeth Jones
6. Mother's Maiden Name	" Gordon
7. Mother's Birthplace	Balto City
8. Full Name of Father	George W. Jones
9. Father's Occupation	Express Man
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	W. H. White, M.D.
Address	341 S. Broadway
Remarks	

That any **physician**, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

307314

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th April 79
4. *Place of Birth (Street and Number)* 461 Fremont St.
5. *Full Name of Mother* Mary A. L. Eaton
6. *Mother's Maiden Name* ~ " " Hook
7. *Mother's Birthplace* Md
8. *Full Name of Father* Andrew J. Eaton
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return J. H. Keller M.D

Address 89 Greene St

Remarks

30735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 0

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth April 29th 1879
4. Place of Birth (Street and Number) Fayette St # 247
5. Full Name of Mother Mary Robelin
6. Mother's Maiden Name " Baer
7. Mother's Birthplace Balto Md
8. Full Name of Father Frederick Robelin
9. Father's Occupation Balser
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulloy

Address 48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 56

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Apr 29. 1879
4. Place of Birth (Street and Number) N. Warschington 21
5. Full Name of Mother Elisabeth Erlebruck
6. Mother's Maiden Name Schitte
7. Mother's Birthplace Baltimore
8. Full Name of Father August Erlebruck
9. Father's Occupation Backer
10. Father's Birthplace Osnabrück Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs J Raupach

Address S. Wolfstr 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30737

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 29th 79.
4. *Place of Birth (Street and Number)*	104 S. Peter Str.
5. *Full Name of Mother*	Maria Gumpman
6. *Mother's Maiden Name*	" Lang
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Chas Gumpman
9. *Father's Occupation*	Moulder
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mary Voth
Address	328 S. Eutaw St.
Remarks	

30738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH BOARD MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether male or female)* Bub.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 of April
4. *Place of Birth (Street and Number)* 49 Henrietta St. N.
5. *Full Name of Mother* Mina Simonaire.
6. *Mother's Maiden Name* Mina Nahgang.
7. *Mother's Birthplace* Deutschland.
8. *Full Name of Father* Joseph Simonaire
9. *Father's Occupation* Schiemacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Katharine Münch

Address 98 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	"
3. Date of Birth	29 of April.
4. Place of Birth (Street and Number)	No 8 Park St.
5. Full Name of Mother	Sophie Kesler
6. Mother's Maiden Name	S. Neil
7. Mother's Birthplace	Washington.
8. Full Name of Father	J. Kesler
9. Father's Occupation	~~Labor~~ Laborer.
10. Father's Birthplace	Baltimore County.
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No 45 Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30740

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 5 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* april 29 1879
4. *Place of Birth (Street and Number)* 129 [illegible] St
5. *Full Name of Mother* Johanna casidory
6. *Mother's Maiden Name* Johanna moriarty
7. *Mother's Birthplace* cumberland
8. *Full Name of Father* edward casidory
9. *Father's Occupation* laborer
10. *Father's Birthplace* island

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 488 alice anna St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 29th 79
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W Lombard St.
5. *Full Name of Mother* Laura Costello
6. *Mother's Maiden Name* Laura Dorah
7. *Mother's Birthplace* Mich.
8. *Full Name of Father* John Costello
9. *Father's Occupation* Moulder
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. J. H. Bronhouse

Address 163 W Lombard St.

Remarks Mother & child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

30742

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29th 1879
4. Place of Birth (Street and Number)	268 Balto
5. Full Name of Mother	Olivia Flannagan
6. Mother's Maiden Name	Olivia Smith
7. Mother's Birthplace	Dorchester Co. Md
8. Full Name of Father	Patk Flannagan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M D
Address	
Remarks	

30713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30 April 1879
4. *Place of Birth (Street and Number)* 3 Hazel St
5. *Full Name of Mother* Margareth Lewis
6. *Mother's Maiden Name* Boyd
7. *Mother's Birthplace* M D
8. *Full Name of Father* William Lewis
9. *Father's Occupation* Workingman
10. *Father's Birthplace* M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address. 52 E. Lombard St

Remarks

30744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30 April 1879
4. *Place of Birth (Street and Number)* 60 Thames St
5. *Full Name of Mother* Lizie Godjus
6. *Mother's Maiden Name* Doglas
7. *Mother's Birthplace* U S
8. *Full Name of Father* Fred Godjus
9. *Father's Occupation* Bording Keeper
10. *Father's Birthplace* Italia

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30743

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 30th 1879
4. Place of Birth (Street and Number) N 73 N Charles St
5. Full Name of Mother Elanora J. Herman
6. Mother's Maiden Name Elanora J. Dieffebbart
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles C. Herman
9. Father's Occupation Confectioner
10. Father's Birthplace Nürnberg Bavaria

Name of Medical Attendant, or other Person who makes this Return. A Whatary M.D.

Address N 114 Park Ave

Remarks

30746

HEALTH DEPARTMENT
MAY 3 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 30 ed 1879
4. *Place of Birth (Street and Number)* No 74 Russle st
5. *Full Name of Mother* Caroline Troger
6. *Mother's Maiden Name* Werwards
7. *Mother's Birthplace* America
8. *Full Name of Father* Jacob Troger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th 1879
4. Place of Birth (Street and Number)	148 Scott St.
5. Full Name of Mother	Emma McCartin
6. Mother's Maiden Name	a Hagan
7. Mother's Birthplace	Ireland
8. Full Name of Father	M. J. McCartin
9. Father's Occupation	Brick Mason
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jas. A. Bierce M.D.
Address	144 Scott St.
Remarks	

30748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP'AR MAY 19 1879 BALTIMORE MD.

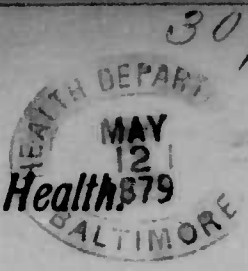
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30. April 1879
4. *Place of Birth (Street and Number)*	45 N. Chapel Str
5. *Full Name of Mother*	Anna Novak
6. *Mother's Maiden Name*	Kolar
7. *Mother's Birthplace*	Pacir Bohemia
8. *Full Name of Father*	John Novak
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Wolesic Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20. Barnes Str
Remarks	

RETURN OF A BIRTH.

30749



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
Sex (state whether Male or Female)	female emily jain
Race or Color (if not of the white race)	collard
Date of Birth	april 30th 1879
Place of Birth (Street and Number)	brewers alley No 6
Full Name of Mother	iadid jain
Mother's Maiden Name	iadid adams
Mother's Birthplace	Baltimore county
Full Name of Father	james jain
Father's Occupation	labor
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	no medical attendant
Address	Louisa hebran
Remarks	in good health

30750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 30. 79.
4. Place of Birth (Street and Number)	154 East street
5. Full Name of Mother	Louise Weiss
6. Mother's Maiden Name	Louise Mark
7. Mother's Birthplace	Viena Austria
8. Full Name of Father	Jacob Friedrich Weiss
9. Father's Occupation	Filemanufacturer
10. Father's Birthplace	Karlsruhe. Baden
Name of Medical Attendant, or other Person who makes this Return.	Lorenz Reiß. Geburt
Address	No 26 N Friedrichstrasse
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	This the 4th child
1. *Sex (state whether Male or Female)*	This a male child
2. *Race or Color (if not of the white race)*	a Colored child
3. *Date of Birth*	Born 30th of April 1879
4. *Place of Birth (Street and Number)*	Baltimore No 109 Shields Alley
5. *Full Name of Mother*	Emealia Washington
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Richard Washington
9. *Father's Occupation*	a Hostler
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this return	Elizabeth Hunt
Address	6 No 125 Chestnut Alley
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30752

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 5 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr 20th
4. *Place of Birth (Street and Number)*	Waterkitt Orefield 163 W. Lombard St
5. *Full Name of Mother*	Lavia Deschamps
6. *Mother's Maiden Name*	Lizia Henry
7. *Mother's Birthplace*	France
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	J. H. Branham M. D.
Address	163 W. Lombard St
Remarks	Mother and child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth April 30th 1879
4. Place of Birth (Street and Number) Montgomery St No. 233
5. Full Name of Mother Mary McCloy
6. Mother's Maiden Name " Reid
7. Mother's Birthplace Norfolk
8. Full Name of Father Wm McCloy
9. Father's Occupation Soborer
10. Father's Birthplace Norfolk

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No. 220 Montgomery St Balt.

Remarks

30754

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 30th 1879
4. *Place of Birth (Street and Number)* 54 Castle Street.
5. *Full Name of Mother* Barbara Sumiller
6. *Mother's Maiden Name* Barbara Lang.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Sumiller.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold.

Address No. 127 Wolfe St.

Remarks ##

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 9 1879 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female) Female

Race or Color (if not of the white race) White

Date of Birth 23d August 1878.

Place of Birth (Street and Number) No 11 N. Calhoun St.

Full Name of Mother Mary E. McGraw

Mother's Maiden Name Mary E. Mallon.

Mother's Birthplace Baltimore.

Full Name of Father Charles McGraw

Father's Occupation Teacher in Gymnasium

Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. N. W. Littell M.D.

Address No 126 W. Fayette St.

Remarks

was not in regular practice at the time, and having been absent nearly two years, forgot the law in the case, otherwise it would have been reported at the time of

30756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 4th 1878

4. Place of Birth (Street and Number) 104, Eastern Ave

5. Full Name of Mother Budget Ryan

6. Mother's Maiden Name " Kane

7. Mother's Birthplace Balto. City

8. Full Name of Father Lawrence H. Ryan

9. Father's Occupation Store Keeper

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. M. J. Gale, M.D.

Address 2 H.A. Bank St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~30759~~
30757

DEPAR
JUN 13 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febr. 2 – 1879
4. *Place of Birth (Street and Number)* N. W. Cor. Pratt & High st
5. *Full Name of Mother* Anastasia Celestine Butler
6. *Mother's Maiden Name* " " Corcoran
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Joseph Butler
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Pierre Geo. Dauschmd

Address 27. N. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physi[illegible] or other person in charge [illegible] shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30759

JUN 13 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febr. 20 – 79
4. *Place of Birth (Street and Number)* Belair Av. opp. Wiesner's Brewery
5. *Full Name of Mother* Mary Braun
6. *Mother's Maiden Name* " Rauh
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Michael Braun
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return J. G. Dauschner

Address 27. N. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

30760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 1st
4. Place of Birth (Street and Number)	Baltimore 473 Aisquith St
5. Full Name of Mother	Ellen Louisa Lewis
6. Mother's Maiden Name	Ellen Louisa Blackwell
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	Georg H. Lewis
9. Father's Occupation	Huckster
10. Father's Birthplace	Brooklyn New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs Susan Hunter
Address	21 Peplehn St
Remarks	

[illegible] physician, accoucheur, midwife, or other person in charge, who shall [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30761

HEALTH DEPAR
MAY 20 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
Sex (state whether Male or Female)	female
Race or Color (if not of the white race)	white race
Date of Birth	May the 19th
Place of Birth (Street and Number)	Baltimore Burough St
Full Name of Mother	nette [illegible] rebstock
Mother's Maiden Name	nette sheeklis
Mother's Birthplace	Baltimore
Full Name of Father	Charles rebstock
Father's Occupation	labor
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
Address	port and No 72
Remarks	

30762

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 1st
4. Place of Birth (Street and Number) 1 Hartford Ave & Lanvale Sts
5. Full Name of Mother Catherine Cochfort
6. Mother's Maiden Name Gallager
7. Mother's Birthplace Ireland
8. Full Name of Father John E. Cochfort
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley

Address Hartford Ave & Biddle Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30763

DEPAR
MAY
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1. Mai
4. *Place of Birth (Street and Number)* 159 N. Bethel St
5. *Full Name of Mother* Franziska Kavalec
6. *Mother's Maiden Name* " " Doležal
7. *Mother's Birthplace* Zmaly Bohemia
8. *Full Name of Father* Josef Kavalec
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Pohoř Bohemia

Name of Medical Attendant, or other Person who makes this Return. Jo. Konrad

Address 20 Barnes St

Remarks

30764

HEALTH DEPART
MAY 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1879
4. *Place of Birth (Street and Number)* No 64 S Broadway
5. *Full Name of Mother* Catherina Bucher
6. *Mother's Maiden Name* " Roth
7. *Mother's Birthplace* City
8. *Full Name of Father* Frederick Bucher
9. *Father's Occupation* Jeweler
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30763

HEALTH DEPAR
MAY
19
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1879
4. *Place of Birth (Street and Number)* 205 Canton Ave
5. *Full Name of Mother* Catherina Wallstager
6. *Mother's Maiden Name* Brenner
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Wallstager
9. *Father's Occupation* Caulker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address 245 Canton Ave

Remarks

30766

RETURN OF A BIRTH.

JUN 7 1879

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* Washington Street # 16
4. *Place of Birth (Street and Number)* May 1st 1844
5. *Full Name of Mother* Bertha Regina Nau
6. *Mother's Maiden Name* " " Vogel
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Adolph Nau
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 18 Holland St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1879
4. *Place of Birth (Street and Number)* 332 Chase st
5. *Full Name of Mother* Ann Weigner
6. *Mother's Maiden Name* Weigner
7. *Mother's Birthplace* Balt County Md
8. *Full Name of Father* John Kramer
9. *Father's Occupation* Fireman on W - md R R
10. *Father's Birthplace* Hanford County

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner

Address

Remarks

30768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1879
4. *Place of Birth (Street and Number)* Asten st. between Russle & Ridgly st
5. *Full Name of Mother* Amalia Kinzler
6. *Mother's Maiden Name* Kamton
7. *Mother's Birthplace* America
8. *Full Name of Father* Richard Kinzler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks House without Number.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 5 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1879
4. *Place of Birth (Street and Number)* Penn - Avenue No 493
5. *Full Name of Mother* Roselmer Scott
6. *Mother's Maiden Name* Roselmer Preston
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles M. Scott
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. G. Spanow M. D.

Address N. Stricker St No 427

Remarks Well-formed Infant.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30770

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 1 1879
4. Place of Birth (Street and Number)	Willow St
5. Full Name of Mother	annie Mea
6. Mother's Maiden Name	annie Ward
7. Mother's Birthplace	irland
8. Full Name of Father	Mike Mea
9 Father's Occupation	Labor
10. Father's Birthplace	irland
Name of Medical Attendant, or other Person who makes this Return.	Mary ward
Address	No 4 webster ally
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

Mother, (state whether 1st, 2d, 3d, &c.) fl Mal

her Male or Female) Collor

(if not of the white race) born may the first

(Street and Number) 120 Henrette St

Mother May Elen Well

en Name May E Henry

place Pentinge Marland

Father John Well

ation laborn

place Pentinge Marland

cal Attendant, or other Person who makes this Return. Lucy Sidney

No 1 one Fa/Sop Abey

Betten Hill and Yorke

30772

HEALTH DEPARTMENT
MAY 8 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 12

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 1 Mar
4. Place of Birth (Street and Number) No 94 Somerset St.
5. Full Name of Mother Efa Salenter
6. Mother's Maiden Name Efa Kosman
7. Mother's Birthplace Germany
8. Full Name of Father Maxton Gosman
9. Father's Occupation Biesnes Mon
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sauer

Remarks 673 Hoefer ave

... name of the mother of such child or children.

RETURN OF A BIRTH.

30773

HEALTH DEPARTMENT
MAY 6 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 21 may
4. *Place of Birth (Street and Number)* Druid hill Avenue
5. *Full Name of Mother* Lizzie Wills
6. *Mother's Maiden Name* hammond
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Wills
9. *Father's Occupation* Cigar
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address

Remarks No 113 north E Eden st

30774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 May "
4. *Place of Birth (Street and Number)* No 29. Coksen Str Locust Point
5. *Full Name of Mother* Betty Fisher
6. *Mother's Maiden Name* " Heinemann
7. *Mother's Birthplace* Germanya
8. *Full Name of Father* Frederik Fisher
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germanya

Name of Medical Attendant, or other Person who makes this Return. Margaretha Ettel.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30775

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 8 1899 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1899
4. *Place of Birth (Street and Number)* 145 Paul St
5. *Full Name of Mother* Caroline Schröder
6. *Mother's Maiden Name* " Wiesenthues
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm. Schröder
9. *Father's Occupation* Shoe Worker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Meyenberg (Mrs)

Address 135 Penna Avenue

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

MISSING

#30776

RETURN OF A BIRTH.

30777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 1
4. Place of Birth (Street and Number)	No 13 Randall St
5. Full Name of Mother	Mary Tyson Anderson
6. Mother's Maiden Name	Mellon
7. Mother's Birthplace	Richmond
8. Full Name of Father	Gustavus Jackson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Conaway
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30778

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 27, 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d "
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May th 2d 1879
4. *Place of Birth (Street and Number)*	27 S Wolf St.
5. *Full Name of Mother*	Magdeleha Schüler
6. *Mother's Maiden Name*	" " " Deckhas
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	George Schüler
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louise Krafft
Address	236 Canton av.
Remarks	

30779

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One, 3 d,

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Friday May 2 th 1879.
4. *Place of Birth (Street and Number)* No 80 E. Lombard str
5. *Full Name of Mother* Mrs. Minnie. Bayer
6. *Mother's Maiden Name* Miss Minnie. Amrein.
7. *Mother's Birthplace* Baltimor M. D.
8. *Full Name of Father* Martin Bayer.
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Barber Reg. Gebauer

Address No 26 E Frankfort

Remarks L. M.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30780

HEALTH DEPARTMENT
MAY 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Vital Statistics of the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2. May
4. *Place of Birth (Street and Number)* 100 Bridle
5. *Full Name of Mother* Susana Kolmaier
6. *Mother's Maiden Name* " " Kisler
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John Kolmaier
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barney St

Remarks

30781

RETURN OF A BIRTH.

HEALTH DEPART. MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2d 1879
4. *Place of Birth (Street and Number)* " 177 Caroline St
5. *Full Name of Mother* Bridget Grady
6. *Mother's Maiden Name* " Owens
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Grady
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 245 Canton Ave

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30782

HEALTH DEPT. MAY 19 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2d 1879
4. *Place of Birth (Street and Number)* Cor Bradford & B Monument
5. *Full Name of Mother* Magdelena Hemmer
6. *Mother's Maiden Name* " Kimle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hemmer
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Baty

Address 245 Canton Ave

Remarks

30783

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee! Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth May 2nd 1879
4. Place of Birth (Street and Number) No 332 Hanover St.
5. Full Name of Mother Anna C. Dehn
6. Mother's Maiden Name Anna C. Keiser
7. Mother's Birthplace Germany
8. Full Name of Father Wm Dehn
9. Father's Occupation ~~Carpenter~~ Carpenter
10. Father's Birthplace Baltimore City

Name of ~~Mother, Attendant~~, or other Person who makes this Return. Wm Dehn (Father)

Address

Remarks The child is in a healthy condition

30784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 2d 1879
4. *Place of Birth (Street and Number)* Balt & Dallas st
5. *Full Name of Mother* Mary Dickison
6. *Mother's Maiden Name* Dickison
7. *Mother's Birthplace* Florida
8. *Full Name of Father* Ch. Th. Brian
9. *Father's Occupation* U. S. Navy
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 9 P.M. 2nd May, 1879.
4. Place of Birth (Street and Number) No. 105 Orchard St, Balto. City
5. Full Name of Mother Mary Martha Simpson
6. Mother's Maiden Name Mary Martha White
7. Mother's Birthplace Baltimore County - Maryland
8. Full Name of Father John Shadow Simpson
9. Father's Occupation Porter in Store
10. Father's Birthplace Sykesville - Carroll County - Maryland.

Name of Medical Attendant, or other Person who makes this Return. (Wm I. Wrosh) M.D.

Address 148 W. Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30756

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vest Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 J.
1. Sex (state whether Male or Female)	Knabe. Boy.
2. Race or Color (if not of the white race)	weiß white
3. Date of Birth	2. Mai 1879.
4. Place of Birth (Street and Number)	Baltimore O'Donnell St. 36.
5. Full Name of Mother	Marie Blüschke.
6. Mother's Maiden Name	Hippler.
7. Mother's Birthplace	Luiern. Bavaria
8. Full Name of Father	Louis Blüschke.
9. Father's Occupation	Tagelöhner
10. Father's Birthplace	Forst Bay. Bavaria
Name of Medical Attendant, or other Person who makes this Return	A. Zimmer.
Address	O'Donell St. 21.
Remarks	

30787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Colored
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2
4. Place of Birth (Street and Number)	94 S Broadway st
5. Full Name of Mother	Eliza Croghan
6. Mother's Maiden Name	Eliza Moran
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michl Croghan
9. Father's Occupation	Labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address	95 Albemarle st
Remarks	Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Born May 2nd
4. Place of Birth (Street and Number) Baltimore Cross St No 242
5. Full Name of Mother Mary Nora Wheeler
6. Mother's Maiden Name " " Alexander
7. Mother's Birthplace Winchester
8. Full Name of Father John Wheeler
9. Father's Occupation Brickyard and
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelina Wilson

Address 385 Cross St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30789

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name Mary Helen Slattery

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth May 2d 1879
4. Place of Birth (Street and Number) 457 E. Fayette st.
5. Full Name of Mother Annie Elisabeth Slattery
6. Mother's Maiden Name " " Scanlon
7. Mother's Birthplace Ireland
8. Full Name of Father Florence William Slattery
9. Father's Occupation machinist
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return P. G. Dauschmid

Address 27 N. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30790

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 2nd 1879
4. Place of Birth (Street and Number) No. 109 S. Chester St
5. Full Name of Mother Mary Kernan
6. Mother's Maiden Name Kelley
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Michael C. Kernan
9. Father's Occupation Iron Moulder
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W. J. Gatel M.D.

Address 244, Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30791

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 2 of May
4. Place of Birth (Street and Number) 48 Rock Street
5. Full Name of Mother Cathrine Watson
6. Mother's Maiden Name Cathrine Kinselle
7. Mother's Birthplace County Galway ireland
8. Full Name of Father Oliver Watson
9. Father's Occupation Wheelwright
10. Father's Birthplace County tyrone ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dumler 60 Schrater

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 May 1879
4. *Place of Birth (Street and Number)* 164 Ann St
5. *Full Name of Mother* Magie Rickel
6. *Mother's Maiden Name* Lucer
7. *Mother's Birthplace* U S
8. *Full Name of Father* William Rickel
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cusner

Address 52 E Rowland St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30793

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2nd 1879
4. *Place of Birth (Street and Number)* NE 161 James alley.
5. *Full Name of Mother* Louisa Doell
6. *Mother's Maiden Name* Nemert
7. *Mother's Birthplace* America
8. *Full Name of Father* William Doell
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Sokasser midwife

Address 330 Hanover st.

Remarks

30794

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Mother 21, Eng'd Spinst

1. Sex (state whether Male or Female) Mail Child James A. Robinson
2. Race or Color (if not of the white race) Race Colored
3. Date of Birth Date of birth the third of May
4. Place of Birth (Street and Number) Baltimore Dover Street P.C.
5. Full Name of Mother Mrs Elizabeth Robinson
6. Mother's Maiden Name Miss Elizabeth Walker
7. Mother's Birthplace Born in Exeter County Va
8. Full Name of Father Arthur Robinson
9. Father's Occupation The occupation is Oyster Shucking
10. Father's Birthplace born in Exeter County Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Dorinnooge

Address to the office of Registrar of Statistics

Remarks Board of health Baltimore City

Full name added by mother when applying for transcript 9/26/33

for mark Betty Elizabeth Robinson witness I [illegible] - clerk.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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30795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 3d 1879
4. Place of Birth (Street and Number) No 175 E. Eager Street
5. Full Name of Mother Margaret V. Tyler
6. Mother's Maiden Name M. V. Brogan
7. Mother's Birthplace Baltimore
8. Full Name of Father William L. Tyler
9. Father's Occupation Restaurant Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. B. Whiteford M.D.

Address No 195 Aisquith Street

Remarks Physical Condition Good

This child was taken with convulsions & died on the 12th day

30796

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2nd child

1. *Sex (state whether Male or Female)* Male sex
2. *Race or Color (if not of the white race)* of the colord race
3. *Date of Birth* on the 2d of may
4. *Place of Birth (Street and Number)* warner street 210
5. *Full Name of Mother* Annie turner
6. *Mother's Maiden Name*
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* George w smith
9. *Father's Occupation* shoemaker
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return have no doctor abriller brooks

Address abriller brooks 210 zoar st

Remarks betreen cross and west

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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11/4 30797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White rac
3. Date of Birth May 2d 1879
4. Place of Birth (Street and Number) Central 44
5. Full Name of Mother Elisabeth Albaugh
6. Mother's Maiden Name " Norman
7. Mother's Birthplace Hanover
8. Full Name of Father Frederick Albaugh
9. Father's Occupation Shoemaker
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ellis

Address 48 Holland Street

Remarks

30798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3
4. *Place of Birth (Street and Number)* 112 N. Hollins St
5. *Full Name of Mother* Margaret Maguire
6. *Mother's Maiden Name* Margaret McGuirk
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph H. Maguire
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Susan Hunter

Address 21 No Popleton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3rd
4. Place of Birth (Street and Number)	No 24 S. Fulton St
5. Full Name of Mother	Elizabeth Harvey
6. Mother's Maiden Name	" Buckingham
7. Mother's Birthplace	City
8. Full Name of Father	J. A. Harvey
9. Father's Occupation	Clerk
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	151 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. May 6th 1879.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 3rd 1879.
4. Place of Birth (Street and Number) 287 Aliceann Street.
5. Full Name of Mother Getruth Schaner
6. Mother's Maiden Name Getruth Meinsheim
7. Mother's Birthplace Germany
8. Full Name of Father Peter Schaner
9. Father's Occupation Laborer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2d 1879
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* [illegible]
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Wite
3. *Date of Birth* May 3rd 79
4. *Place of Birth (Street and Number)* # 309 Mulberry St Balto
5. *Full Name of Mother* Jeanie Grese
6. *Mother's Maiden Name* Jeanie Hoffman
7. *Mother's Birthplace* Balto
8. *Full Name of Father* August Grese
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dunlop 60 Schroeder

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3rd
4. *Place of Birth (Street and Number)* No. 219 S. Broadway
5. *Full Name of Mother* Lena Christensen
6. *Mother's Maiden Name* " " Christ
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Christensen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Denmark

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30804

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth May 3rd

4. Place of Birth (Street and Number) No 253 William St

5. Full Name of Mother Margarette Catherine Harrison

6. Mother's Maiden Name " " Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Washington Harrison

9. Father's Occupation Pattern Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address No 10 Conway

Remarks

30805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 3rd 1879
4. Place of Birth (Street and Number) 71 South Dallas Street
5. Full Name of Mother Jane Dennis
6. Mother's Maiden Name Jane Parker
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father H. J. Dennis
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Leah Walker

Address 98 Holland St.

Remarks Old Cecil and nearly 80 [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 3, 1879
4. *Place of Birth (Street and Number)* S. Washington St. No. 54.
5. *Full Name of Mother* Elise Blum.
6. *Mother's Maiden Name* Elise Rasche
7. *Mother's Birthplace* Feyesack. Kr. Preussen. Germany
8. *Full Name of Father* Heinrich Blum
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Dibohlb. Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childr
born, its or their physical condition, whether still born or not, the full name, nativity, and residen
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30807

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 3rd 1879
4. Place of Birth (Street and Number) No 57 N. Bond St
5. Full Name of Mother Florence Waller Day
6. Mother's Maiden Name Florence Waller.
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Pierce Day
9. Father's Occupation Railroader
10. Father's Birthplace Orford New Hampshire

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh st

Remarks Name of Child Florence Ward Day

30805

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 27, 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 4th 1879
4. *Place of Birth (Street and Number)*	#128 N. Broadway
5. *Full Name of Mother*	Mary Jennette Horner
6. *Mother's Maiden Name*	Mary Jennette Mitchell
7. *Mother's Birthplace*	Pa
8. *Full Name of Father*	Joshua Horner Jr
9. *Father's Occupation*	Manufacturer
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	#305 N Carrollton st
Remarks	

30809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART. MAY 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 4. Mai
4. Place of Birth (Street and Number) 13. Paint Lane
5. Full Name of Mother Salie Zuchlag
6. Mother's Maiden Name Jaine
7. Mother's Birthplace Germania
8. Full Name of Father Anton Zuchlag
9. Father's Occupation Butcher
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30810

RETURN OF A BIRTH.

DEPAR
MAY
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	4 Mai
4. *Place of Birth (Street and Number)*	44 Schaffer Alley
5. *Full Name of Mother*	Augustine Kamer
6. *Mother's Maiden Name*	" " Ahrlman
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Andrew Kamer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20 Barnes Alley
Remarks	

30811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of May 1879
4. Place of Birth (Street and Number) 21 South Wolf street
5. Full Name of Mother Eve Deckas
6. Mother's Maiden Name Eve Schreon
7. Mother's Birthplace Germany
8. Full Name of Father John Schreon
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cressencia Kunkel

Address 71 North Chappel street, per Justina Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30812

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) [illegible]
3. Date of Birth 4th May
4. Place of Birth (Street and Number) N E Cor Varna & Burgundy
5. Full Name of Mother Emma J Dunn
6. Mother's Maiden Name Emma J Bright
7. Mother's Birthplace Providence R I
8. Full Name of Father Benj H Dunn
9. Father's Occupation Huckster
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address Home Dunster 60 Schroeder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30813

RETURN OF A BIRTH.

MAY 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	May 4 d. 1879
4. *Place of Birth (Street and Number)*	36 n. Karolinstr.
5. *Full Name of Mother*	Maria Graf
6. *Mother's Maiden Name*	M. Schaw
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	Carl Graf
9. *Father's Occupation*	Clark
10. *Father's Birthplace*	L. Luis
Name of Medical Attendant, or other Person who makes this Return.	M R. Rudiger
Address	134 n. Bondstr.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

308111

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 4th 79
4. *Place of Birth (Street and Number)* No 313 N. Bond St
5. *Full Name of Mother* Mrs Alice Marshall
6. *Mother's Maiden Name* Alice Fairo
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* Louis Marshall
9. *Father's Occupation* Boatbuilder (Master)
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. H. Bolton M.D.

Address S. E. Cor Gay & Caroline St.

Remarks

30813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	This is the 1st
1. Sex (state whether Male or Female)	it is female
2. Race or Color (if not of the white race)	it is white
3. Date of Birth	May the 4
4. Place of Birth (Street and Number)	196 Warner st
5. Full Name of Mother	Emely Boyer
6. Mother's Maiden Name	Emily Lowen
7. Mother's Birthplace	Kent Island
8. Full Name of Father	Richard Boyle
9. Father's Occupation	by the Brickyard
10. Father's Birthplace	Kent County
Name of Medical Attendant, or other Person who makes this Return.	George Arnold Burton
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Real Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30516

HEALTH DEPARTMENT
MAY 6
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 4
4. *Place of Birth (Street and Number)*	Borough St
5. *Full Name of Mother*	Jane Dowling
6. *Mother's Maiden Name*	Allen
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Thos Dowling
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr Thos Kast
Address	
Remarks	

30817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Second

1. *Sex (state whether Male or Female)* a femail
2. *Race or Color (if not of the white race)* a Collord child
3. *Date of Birth* Born the 4th of May 1879
4. *Place of Birth (Street and Number)* No 5 Saratoga St
5. *Full Name of Mother* Effie L. Williams
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Eastern Shore
8. *Full Name of Father* Charles H Neal
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Dr Oktor laydy Elizabeth Hunt

Address No 123 Chestnut Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30818

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 C

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth May 4. 1879

4. Place of Birth (Street and Number) S. Kroestelstr No 22

5. Full Name of Mother Mary Bamberger

6. Mother's Maiden Name Demling

7. Mother's Birthplace Bezern

8. Full Name of Father Jasper Bamberger

9. Father's Occupation Lebner

10. Father's Birthplace Bezern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Baugach

Address S Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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30519

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	4th of May 1879
4. Place of Birth (Street and Number)	Broadway Court no. 12
5. Full Name of Mother	Minnie Thomas
6. Mother's Maiden Name	Minnie Johnson
7. Mother's Birthplace	St michials Eastern Shore maryland
8. Full Name of Father	William Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	St michials Eastern Shore maryland
Name of Medical Attendant, or other Person who makes this Return.	Susan morgan midwife
Address	Durham St no. 47
Remarks	

30820

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 5th 1879
4. Place of Birth (Street and Number) 755 W Pratt St
5. Full Name of Mother Sarah A Hamilton
6. Mother's Maiden Name Leonard.
7. Mother's Birthplace Baltimore City
8. Full Name of Father James A Hamilton
9. Father's Occupation Police Officer.
10. Father's Birthplace Georgia

Name of Medical Attendant, or other Person who makes this Return. W G Register M D

Address S W Cor Fayette & Calhoun Sts

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. May 7th 1879.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 5th 1878
4. Place of Birth (Street and Number) 121 Chester Street
5. Full Name of Mother Annie Schaufler.
6. Mother's Maiden Name Annie Philipp.
7. Mother's Birthplace America.
8. Full Name of Father Charlie Schaufler.
9. Father's Occupation Laborer.
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe Street

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White May 5th 1879
3. Date of Birth ~~No 23 Louzan St Canton~~
4. Place of Birth (Street and Number) 23 Louzan St Canton
5. Full Name of Mother Danna Gram
6. Mother's Maiden Name Waggner
7. Mother's Birthplace Baltimore City
8. Full Name of Father Archbald Gram
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. Kelly M.D.

Address 244, Bank City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30823

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
16
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 5th 1879.
4. *Place of Birth (Street and Number)*	No 191 Light st
5. *Full Name of Mother*	Annie Sauer
6. *Mother's Maiden Name*	Annie Meinkel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Igus Sader
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1879
4. *Place of Birth (Street and Number)* Central Ave Bo
5. *Full Name of Mother* Kate Norman
6. *Mother's Maiden Name* " Krank
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John Norman
9. *Father's Occupation* Bar keeper
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ellig

Address 48 Holland Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30825

JUN 7 1879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fourth Chit

1. *Sex (state whether male or female)* male "
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 5th of May
4. *Place of Birth (Street and Number)* No. 6 Clagget Valley
5. *Full Name of Mother* Louise Wennagel
6. *Mother's Maiden Name* Louise Schreiner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Wennagel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Stantz

Address 21 N Popleton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Coled
3. Date of Birth May 25
4. Place of Birth (Street and Number) Burgonday No 4 (Burgundy alley)
5. Full Name of Mother Marthy Thonson
6. Mother's Maiden Name Thonson
7. Mother's Birthplace Easton Sore Md
8. Full Name of Father Samuel Balit
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan C Rardman

Address No 31 Maron St

Remarks the child onely live and oiuw

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 5. 1879
4. Place of Birth (Street and Number)	704 Saratoga st
5. Full Name of Mother	Mary E. waters
6. Mother's Maiden Name	Mary Hayes
7. Mother's Birthplace	Fair Haven
8. Full Name of Father	Geo. waters
9. Father's Occupation	Laborer
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Mrs J Proctor
Address	no 10 Carlton st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30828

RETURN OF A BIRTH.

HEALTH OFFICE
MAY
6
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1879
4. Place of Birth (Street and Number)	44 Williamson st
5. Full Name of Mother	Kate Roth
6. Mother's Maiden Name	Kate ~~Roth~~ (Kuyl)
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Roth
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30829

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 5th 1879
4. Place of Birth (Street and Number) 212 Eastern Av.
5. Full Name of Mother Martha Glasenapp
6. Mother's Maiden Name Martha Goebel
7. Mother's Birthplace Germany
8. Full Name of Father Ferdinand Glasenapp
9. Father's Occupation Sailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Aug. F. Erich M.D.

Address 94 S. Broadway

Remarks

30830

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	4th May 5th 1879.
4. *Place of Birth (Street and Number)*	8 Baker St.
5. *Full Name of Mother*	Elizabeth Martin
6. *Mother's Maiden Name*	Dunn
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Andrew Martin
9. *Father's Occupation*	R. R. Employee.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cuddy M.D.
Address	363 Franklin St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30831

HEALTH DEPARTMENT
MAY 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 child female

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Color
3. Date of Birth Birth May the 5 1879
4. Place of Birth (Street and Number) Lettie ma Elrdray 38 St
5. Full Name of Mother Caron Mottut
6. Mother's Maiden Name Mottut
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Libben
9. Father's Occupation on the Warter Worker
10. Father's Birthplace Washington DC

Name of Medical Attendant, or other Person who makes this Return. Sofie hind

Address 135 Chrsnout Street

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30832

HEALTH DEPAR
MAY
13
1879
BALTIMORE MD

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1879
4. Place of Birth (Street and Number)	708 W. Lombard St
5. Full Name of Mother	Ruth Peregoy Hood
6. Mother's Maiden Name	Ruth. P. Shipley
7. Mother's Birthplace	Balto
8. Full Name of Father	John. Thatcher. Hood
9. Father's Occupation	Dealer in Crackers
10. Father's Birthplace	Howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Harriet Poulton
Address	# 79. Parkin St.
Remarks	Did not know this was necasary until May 12-79

30833

HEALTH DEPART MAY 12 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1879
4. *Place of Birth (Street and Number)* 94. N. Fulton St
5. *Full Name of Mother* Clara Alphonsia Strohmeyer
6. *Mother's Maiden Name* " " White
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Joseph Strohmeyer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Hummer

Address 189 Lanvale St

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

308314

HEALTH DEPAR
MAY
10
1879
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether ~~Male or~~ Female) ~~Male~~ Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May Thurs 1879
4. *Place of Birth* (Street and Number) Baltimore Johnson st 154
5. *Full Name of Mother* Charlotte E. Barnett
6. *Mother's Maiden Name* Charlotte E. Amey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Barnett Manchester, county Md
9. *Father's Occupation* Carter
10. *Father's Birthplace* Manchester county Md

Name of Medical Attendant, or other Person who makes this Return. W. D. Carey

Address

Remarks

30835

RETURN OF A BIRTH.

HEALTH DEPART... MAY 10 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 6th 1879
4. Place of Birth (Street and Number)	23 E. Lee St
5. Full Name of Mother	Louise Adelaide Clark
6. Mother's Maiden Name	Keith
7. Mother's Birthplace	Marshall Co. Texas
8. Full Name of Father	Leonard Clark
9. Father's Occupation	Porter on Pullman Cars
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. C. Klein, M. D.
Address	195 N. Eden St.
Remarks	

.30536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART. MAY 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 4th 1879
4. *Place of Birth (Street and Number)*	Mulberry alley No 165
5. *Full Name of Mother*	Emma C Fischer
6. *Mother's Maiden Name*	Emma C Hamm
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Fischer
9. *Father's Occupation*	Hostler Mulberry
10. *Father's Birthplace*	Ellers Hanover Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address	No 12 Patterson Park Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30837

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Child

1. Sex (state whether Male or Female) " Boy "

2. Race or Color (if not of the white race) White

3. Date of Birth 5th May 1879

4. Place of Birth (Street and Number) 417 Cross St.

5. Full Name of Mother Catharine Lowe

6. Mother's Maiden Name Catharine Blumenauer

7. Mother's Birthplace Baltimore

8. Full Name of Father John Lowe

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russel St. No. 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 of May 1879
4. *Place of Birth (Street and Number)* No 463 Eighth St.
5. *Full Name of Mother* Sallie Robertson
6. *Mother's Maiden Name* Sallie Wolpert
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* William Robertson
9. *Father's Occupation* Book keeper
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No 128 West St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 5th 1879
4. *Place of Birth (Street and Number)* Claytons Row
5. *Full Name of Mother* Sarah A Tolson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto Co
8. *Full Name of Father* Smith Tolson
9. *Father's Occupation* Coachman
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Martha Moore

Address Townsend St near Fulton St

Remarks Health Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30840

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord race
3. Date of Birth May the 5·18·79
4. Place of Birth (Street and Number) mc downogh st 262 Baltimore md
5. Full Name of Mother
6. Mother's Maiden Name mary L Asking
7. Mother's Birthplace Baltimore md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Nor Regeffter St Baltimore MD

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30841

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5th May
4. Place of Birth (Street and Number) 244 Townsend St.
5. Full Name of Mother Ellen McAlpin Berryman
6. Mother's Maiden Name Ellen McAlpin
7. Mother's Birthplace Georgia U.S.
8. Full Name of Father John Buckler Berryman
9. Father's Occupation Clerk
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller M.D.

Address 89 Monroe St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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30842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto May 7th 1879.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White "
3. *Date of Birth* May 6th 1879.
4. *Place of Birth (Street and Number)* 20 Easton Stret.
5. *Full Name of Mother* Mary Ruth.
6. *Mother's Maiden Name* Mary Hess.
7. *Mother's Birthplace* America "
8. *Full Name of Father* David Ruth
9. *Father's Occupation* Tanner
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold

Address 119 South Wolfe St.

Remarks ---

30843.

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	1130 A.M. May 6th 1879
4. Place of Birth (Street and Number)	68 S. Bullington Ave
5. Full Name of Mother	Lillie Amelia W.e Laughlin
6. Mother's Maiden Name	Easton
7. Mother's Birthplace	Fennean Wisconsin
8. Full Name of Father	Daniel J.r W.e Laughlin
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Charles H. Thomas M.D.
Address	85 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30844

RETURN OF A BIRTH.

DEPAR
MAY
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 May
4. *Place of Birth (Street and Number)* 320 N. Durham St
5. *Full Name of Mother* Marie Rybak
6. *Mother's Maiden Name* " Charvat
7. *Mother's Birthplace* Pilsen Bohemia
8. *Full Name of Father* Josef Rybak
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Vokrouhly Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30845

HEALTH DEPART. MAY 19 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 6th 1879
4. *Place of Birth (Street and Number)* 173 S Ann st
5. *Full Name of Mother* Maria Davis
6. *Mother's Maiden Name* " Mahler
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Davis
9. *Father's Occupation* Mariner
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betts

Address 245 Canton av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30846

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 "

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 6 of May
4. *Place of Birth (Street and Number)* 368 [illegible] Street
5. *Full Name of Mother* Lizzie H Chambers
6. *Mother's Maiden Name* Lizzie H Sorrells
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James J Chambers
9. *Father's Occupation* Barber
10. *Father's Birthplace* Chestertown Md

Name of Medical Attendant, or other Person who makes this return Aberila Brooks

Address 210 Warner Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* ~~[illegible]~~ May 6th 1879
4. *Place of Birth (Street and Number)* Orleans St Co
5. *Full Name of Mother* Caroline Whistler
6. *Mother's Maiden Name* " Pilloch
7. *Mother's Birthplace* Orleans Hanover
8. *Full Name of Father* Arnold Whistler
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return. Mr Rose Ellig

Address 45 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1879
4. *Place of Birth (Street and Number)* Monument Street # 235
5. *Full Name of Mother* Magaretha Bauer
6. *Mother's Maiden Name* " " Rice
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John Bauer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 248 Kalbert St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30849

JUN 7 1879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 day of May 1879.
4. *Place of Birth (Street and Number)* 325 Mulberry St.
5. *Full Name of Mother* Mary Catherine Ball.
6. *Mother's Maiden Name* Mary Catherine Carr
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Henry Ball.
9. *Father's Occupation* Bricklaying
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Messusar Hunter

Address 21 18 popleton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30800

HEALTH DEPT. JUN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1879
4. Place of Birth (Street and Number)	94 Chesapeake
5. Full Name of Mother	Ann Clark
6. Mother's Maiden Name	Clark
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Clark.
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E. Jones Williams M.D.
Address	19 Patterson Pl
Remarks	

30851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th May
4. *Place of Birth (Street and Number)* No 32 Potomac St
5. *Full Name of Mother* Margaret Jane Merrit
6. *Mother's Maiden Name* Margaret Jane Bell
7. *Mother's Birthplace* Derryraine Co Armagh Ireland
8. *Full Name of Father* Ethington Samuel Merrit
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Franklin Co Va

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullens

Address 104 Curley St Canton

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th of May 1879
4. *Place of Birth (Street and Number)* 22 South Wolf street
5. *Full Name of Mother* Emma Heims
6. *Mother's Maiden Name* Emma Reise
7. *Mother's Birthplace* Frostberg Md.
8. *Full Name of Father* Wilhem Reise
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cressencia Trunkel

Address 77 North Chappel street per Justina Trunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30853

HEALTH DEPT. MAY 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May. 6th 1879.

4. Place of Birth (Street and Number) Baker St. 2d Door from Gilmor St.

5. Full Name of Mother Lula C. Shaw.

6. Mother's Maiden Name Lula Cowerth.

7. Mother's Birthplace Northumberland Co. Virginia.

8. Full Name of Father William Thomas Shaw

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell M.D.

Address 306 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

308514

RETURN OF A BIRTH.

HEALTH DEPART
MAY
12
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female No 1
2. Race or Color (if not of the white race)	Color
3. Date of Birth	may 6
4. Place of Birth (Street and Number)	banner court no 6
5. Full Name of Mother	josphine smith
6. Mother's Maiden Name	josphine buchaan
7. Mother's Birthplace	talbot county
8. Full Name of Father	albert smith
9. Father's Occupation	sailor
10. Father's Birthplace	talbot county
Name of Medical Attendant, or other Person who makes this return	Caroline Moore
Address	no 213 hurst st
Remarks	

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30855

RETURN OF A BIRTH.

MAY 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	Fifth
1. *Sex (state whether ~~Male or~~ Female)*	
2. *~~Race or Color (if not~~ of the white race)*	
3. *Date of Birth*	March 6th 1879
4. *Place of Birth (Street and Number)*	167 Penna Ave
5. *Full Name of Mother*	Mary Catharine Ruden
6. *Mother's Maiden Name*	" " Hammond
7. *Mother's Birthplace*	Accomac Co. Virginia
8. *Full Name of Father*	Alexander Ruden
9. *Father's Occupation*	Cabinet Maker,
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. O. Coombs
Address	Woodberry Balto. Co
Remarks	

30856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 May 1879
4. *Place of Birth (Street and Number)* 58 Canal St
5. *Full Name of Mother* Rosina Beichel
6. *Mother's Maiden Name* Henrich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Beichel
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lina Casper

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPAR
MAY
12
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 May 1879
4. *Place of Birth (Street and Number)* 142 Canal St
5. *Full Name of Mother* Hana Lau
6. *Mother's Maiden Name* Kornelia
7. *Mother's Birthplace* U S
8. *Full Name of Father* Thomas Lau
9. *Father's Occupation* Tailor
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Cooper

Address 52 E Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 May 1879
4. *Place of Birth (Street and Number)* 13 Gough St
5. *Full Name of Mother* Marie Lieburger
6. *Mother's Maiden Name* Hornek
7. *Mother's Birthplace* U S
8. *Full Name of Father* Charles Lieburger
9. *Father's Occupation* Barber
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Carner

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30859

RETURN OF A BIRTH.

HEALTH DEPAR
MAY
10
1879
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4th Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* May the 6th, 1879.
4. *Place of Birth (Street and Number)* No. 154 Spring St. Baltimore.
5. *Full Name of Mother* Violet Ann Jackson
6. *Mother's Maiden Name* Violet Ann Graves
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Randel Jackson.
9. *Father's Occupation* Brickmaker.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Groom.

Address No. 466 Gay St. Baltimore.

Remarks

30160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 6th May,
4. *Place of Birth (Street and Number)* 9 Bonis Court
5. *Full Name of Mother* Josephine Jackson
6. *Mother's Maiden Name* Josephine Smith
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Albert Smith
9. *Father's Occupation* ~~Boiler~~ Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Augustus M Dodgson

Address 201 Hanover st.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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30861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 6th May 1879
4. Place of Birth (Street and Number) 400 Eager St
5. Full Name of Mother Laura White
6. Mother's Maiden Name Laura Murray
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert White
9. Father's Occupation Engineer.
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Augustus W. D. Odgers M.D.

Address 201 Hanover St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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30862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 79
4. Place of Birth (Street and Number)	Little Green 101
5. Full Name of Mother	Sarah A. Keefer
6. Mother's Maiden Name	" " Bowman
7. Mother's Birthplace	Somerset Co Md
8. Full Name of Father	S. B. Keefer
9. Father's Occupation	Stone cutter
10. Father's Birthplace	Frederick Co Md
Name of Medical Attendant, or other Person who makes this Return.	Horatio N. Shutts
Address	No 11. E. Arlington ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1879
4. Place of Birth (Street and Number)	219 Sally Avenue
5. Full Name of Mother	Mary Butts
6. Mother's Maiden Name	Mary Elliott
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Butts
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30864

HEALTH DEPARTMENT
MAY 7 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1879
4. *Place of Birth (Street and Number)* Fort Avenue No. 104
5. *Full Name of Mother* Katharina Brophitz
6. *Mother's Maiden Name* Katharina Klark
7. *Mother's Birthplace* Irland - Kork
8. *Full Name of Father* James Brophitz
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Irland - Kork

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No. 128 West St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise ...t the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days ...hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical ...ondition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden ...ame of the mother of such child or children.

30865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th of May 1879
4. *Place of Birth (Street and Number)* Dams Ally No. 14
5. *Full Name of Mother* Waltburga Seitz
6. *Mother's Maiden Name* Waltburga Letterer
7. *Mother's Birthplace* Bayern Germania
8. *Full Name of Father* Frank Seitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bayern Germania

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No. 128 West St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30866

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th
4. *Place of Birth (Street and Number)* On Pa Ave & Baker St
5. *Full Name of Mother* Mary Eisman
6. *Mother's Maiden Name* Mary Ruhl
7. *Mother's Birthplace* Md
8. *Full Name of Father* John C. Eisman
9. *Father's Occupation* Butter dealer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. D. H. Kelly M.D.

Address 89 N Greene St

Remarks

30867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 6th
4. *Place of Birth (Street and Number)*	70 Stark St.
5. *Full Name of Mother*	Mary Sulecki
6. *Mother's Maiden Name*	Mary Ferguson
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Michael Sulecki
9. *Father's Occupation*	Brushmaker
10. *Father's Birthplace*	Poland
Name of Medical Attendant, or other Person who makes this Return.	Felix Mountain
Address	2 Eastland St
Remarks	Child living & healthy

rect Record of Vital Statistics in the City of Baltimore.

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30868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 26 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Third) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1879
4. *Place of Birth (Street and Number)* No 388 E. Madison St.
5. *Full Name of Mother* Mrs. Mary E. Byrd Shadrick
6. *Mother's Maiden Name* Miss M. E. B. Lawrence
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Mr. Jno R. Shadrick
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm H. Cleudinen M.D.

Address No. 102 N. Broadway

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 7th 1879
4. *Place of Birth (Street and Number)*	16a Philpot st
5. *Full Name of Mother*	Wilhelmine Griemwald
6. *Mother's Maiden Name*	" " Pizer
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Hermann Griemwald
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louise Krafft
Address	236 Canton av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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30870

HEALTH DEPARTMENT
MAY
31
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* — May 7th 1879
4. *Place of Birth (Street and Number)* — Miller 2d 28
5. *Full Name of Mother* — Susan Clara Worthington
6. *Mother's Maiden Name* — " " Ward
7. *Mother's Birthplace* — Baltimore City
8. *Full Name of Father* — Joseph F. Worthington
9. *Father's Occupation* — Painter
10. *Father's Birthplace* — Baltimore City

Name of Medical Attendant, or other Person who makes this Return. — J. H. White, M. D.

Address — N. 341 S. Broadway

Remarks

30871

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1879
4. *Place of Birth (Street and Number)* 171 Chesnut St
5. *Full Name of Mother* Annie Mary Mahr
6. *Mother's Maiden Name* Anne Mary Dietz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Godlert Mahr
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Barber Reiß Gebauer

Address No 26 N Sverrikstrit

Remarks

Extract Regulations of the Board of Health in Relation to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BIRTH DEPARTMENT MAY 16 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth ~~Apr 7th~~ May 7th
4. Place of Birth (Street and Number) 5 E Madison St
5. Full Name of Mother Rose Davis
6. Mother's Maiden Name Jones
7. Mother's Birthplace Carbondale Pa
8. Full Name of Father John R. Davis
9. Father's Occupation Receiving Clerk N.C.R.R.
10. Father's Birthplace Whales

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley

Address Hanford Ave & Biddle

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar 7th 1879
4. *Place of Birth (Street and Number)* 139 Dolphin St.
5. *Full Name of Mother* Mattie Parlett
6. *Mother's Maiden Name* Mattie Grace
7. *Mother's Birthplace* Easton Md.
8. *Full Name of Father* R F Parlett Jr.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J W Mitchell M D

Address 1215 Monument St

Remarks

Extract Regulations of the Board of Health to secure to fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

305 / 14

DEPAR
MAY
17
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 Mai.
4. *Place of Birth (Street and Number)* 44 Barnes St
5. *Full Name of Mother* Marie Houska
6. *Mother's Maiden Name* " Bartousek
7. *Mother's Birthplace* Retic Bohemia
8. *Full Name of Father* Josef Houska
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Prussian

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30875
30876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd twins
1. Sex (state whether Male or Female)	Males "
2. Race or Color (if not of the white race)	White " "
3. Date of Birth	May 7th
4. Place of Birth (Street and Number)	No 249 S. Charles St
5. Full Name of Mother	Ann R. Sanford
6. Mother's Maiden Name	" " Bradley
7. Mother's Birthplace	Wicomico County
8. Full Name of Father	William Sanford
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	151 Hanover St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 7th 1879
4. Place of Birth (Street and Number) No North East Corner West Hamilton
5. Full Name of Mother Miss Carrie Marshall.
6. Mother's Maiden Name Mrs Carrie Aro.
7. Mother's Birthplace Baltimore
8. Full Name of Father William Marshall.
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs H. Seebach

Address No 439 West Pratt street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30878

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) It is the 1st child

1. Sex (state whether ~~male~~ or female) a girl (female)
2. Race or Color (if not of the white race) White
3. Date of Birth May the 7th 1879
4. Place of Birth (Street and Number) No 5 Lemon Court, Balto
5. Full Name of Mother Barbara Jacobi
6. Mother's Maiden Name Kuemmert
7. Mother's Birthplace Baltimore, State Maryland
8. Full Name of Father Jacob Jacobi
9. Father's Occupation Printer
10. Father's Birthplace Hesse Darmstadt, (Germany)

Name of Medical Attendant, or other Person who makes this Return. Mrs M Dumler

Address 60 Schroter St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30879

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 7th 1879
4. Place of Birth (Street and Number) 277 E Baltimore St
5. Full Name of Mother Susie Nichols
6. Mother's Maiden Name Susie Copenhaver
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jno E Nichols
9. Father's Occupation Clerk
10. Father's Birthplace Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Amanda Marine

Address 378 E Monument St

Remarks Baltimore Md

Extract Regulations of the Board of Health to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Gerel Chile

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) Colerd Menn

3. Date of Birth Boren on the 7 of Mey 1879

4. Place of Birth (Street and Number) Goudmen Aley No 8

5. Full Name of Mother Mery Webster

6. Mother's Maiden Name Mery Bolton

7. Mother's Birthplace Estern Schore Merlend

8. Full Name of Father Nickles Webster

9. Father's Occupation Weter

10. Father's Birthplace Conckerswil Baltimore Countey

Name of Medical Attendant, or other Person who makes this Return. Alen Stoupes

Address No 42 Littel Scherp St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth May 7 d. 1879
4. Place of Birth (Street and Number) 333 E. Madison str.
5. Full Name of Mother Liza Plitt
6. Mother's Maiden Name L. Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Carles Plitt
9. Father's Occupation Painter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30882

RETURN OF A BIRTH.

MAY 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14 1879
4. Place of Birth (Street and Number)	No 696 Penna Avenue
5. Full Name of Mother	Annie Hafele
6. Mother's Maiden Name	Annie Bichmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hafele
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Wurtenberg
Name of Medical Attendant, or other Person who makes this Return.	E. Schmitt
Address	No 696 Penna Avenue
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30883

RETURN OF A BIRTH.

HEALTH DEPART. MAY 16 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Seventh (7th) of May 1879.

4. *Place of Birth (Street and Number)* 106 Ellington Ave.

5. *Full Name of Mother* Mary Blanche Jones.

6. *Mother's Maiden Name* Mary Blanche Hinshaw.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Hugh Humphrey Jones.

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Ave

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30884

HEALTH DEPARTMENT
MAY 9 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th of May 1879
4. Place of Birth (Street and Number) 120 East Lombard street
5. Full Name of Mother Frances Healdorfer
6. Mother's Maiden Name Frances Lour
7. Mother's Birthplace Germany
8. Full Name of Father Henry George Lour
9. Father's Occupation Furniture dreyer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cressencia Kunkel

Address 11 North Chappel street per Justina Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30815

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 16 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 8th 1879.
4. *Place of Birth* (Street and Number)	No 108 West st
5. *Full Name of Mother*	Lizzie Schaefer
6. *Mother's Maiden Name*	Lizzie Smearman
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Karl Schaefer
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 8th 1879
4. Place of Birth (Street and Number) No 90 N Howard St
5. Full Name of Mother Agnes A. Renwick
6. Mother's Maiden Name Agnes A. Brackenridge
7. Mother's Birthplace Washington D. Columbia
8. Full Name of Father Frank Renwick
9. Father's Occupation Furniture Manufacturer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Chatard MD

Address No 114 Park ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

30857
30858

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 11 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th & 8th
1. *Sex (state whether Male or Female)*	Males
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 8th 1879
4. *Place of Birth (Street and Number)*	365 Eutaw Place
5. *Full Name of Mother*	Maria Louisa Cloud
6. *Mother's Maiden Name*	Woodward
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Danl Cloud
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Jiffin Bucklin
Address	135 N Charles St
Remarks	(Twins) 7th & 8th births each

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 8th 1879
4. *Place of Birth (Street and Number)*	240 Pierce St.
5. *Full Name of Mother*	Clara McKenzie
6. *Mother's Maiden Name*	Smith
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Samuel McKenzie
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cuddy, M.D.
Address	213 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30890

MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 tes Kind
1. Sex (state whether Male or Female)	Mädchen
2. Race or Color (if not of the white race)	Weiss
3. Date of Birth	geboren den 8 ten Mai
4. Place of Birth (Street and Number)	№ 59 Chöpsel Str
5. Full Name of Mother	Anna Tilden
6. Mother's Maiden Name	Anna Lachstein
7. Mother's Birthplace	Deutschland
8. Full Name of Father	Wilhlert Tilden
9. Father's Occupation	Handarbeiter
10. Father's Birthplace	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Friederike Kaufmann
Address	№ 197 S. Dallas Str
Remarks	Homme

30891

RETURN OF A BIRTH.

MAY 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 8. 1879
4. *Place of Birth (Street and Number)*	310 Lanchester St
5. *Full Name of Mother*	Tiney Smearman
6. *Mother's Maiden Name*	Tiney Levanksey
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charles Smearman
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	The Child is healthy name of the child
Remarks	Katey Estenia Smearman

rect Record of Vital Statistics in the City of Baltimore.

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30892

RETURN OF A BIRTH.

MAY 12 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 8 1879
4. *Place of Birth (Street and Number)* S. W. cor. Front & Cromwell Sts
5. *Full Name of Mother* Mary J. Morgan
6. *Mother's Maiden Name* " " Burns
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* John J. Morgan
9. *Father's Occupation* Liverplaster
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 137 E. Pratt st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30893

RETURN OF A BIRTH.

HEALTH DEPART MAY 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth May 8th 1879
4. Place of Birth (Street and Number) 313 Saratoga St
5. Full Name of Mother Sarah Bonheim
6. Mother's Maiden Name Sarah Erlanger
7. Mother's Birthplace Philadelphia, Penn'a
8. Full Name of Father Herman Bonheim
9. Father's Occupation Merchant
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozed M.D.

Address City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART. MAY 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th of March 1879
4. *Place of Birth (Street and Number)* Eastern Av 333
5. *Full Name of Mother* Mary Melenfield
6. *Mother's Maiden Name* Mary Quattey
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Fredrick Malenfield
9. *Father's Occupation* Gulor
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30895

HEALTH DEPARTMENT
MAY 9 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of May 1879
4. Place of Birth (Street and Number) 404 East Madecien street
5. Full Name of Mother Elessabette Horn
6. Mother's Maiden Name Elessabette Burkeman
7. Mother's Birthplace Germany
8. Full Name of Father Henry Burkeman
9. Father's Occupation Weelside
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cressencia Kunkel

Address 71 North Chappel st per Justina Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8th 1879
4. Place of Birth (Street and Number)	386 Pennsylvania Avenue
5. Full Name of Mother	Emma Waters
6. Mother's Maiden Name	Emma Lessig
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Waters
9 Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Co. Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill M.D.
Address	432 W. Fayette St.
Remarks	Balto. Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	may 4th
4. *Place of Birth (Street and Number)*	no 9 church St
5. *Full Name of Mother*	henry clark henryetta carrol
6. *Mother's Maiden Name*	etta
7. *Mother's Birthplace*	annapolis. anne arundel
8. *Full Name of Father*	james clark county
9. *Father's Occupation*	~~farmer~~ labour
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	dr Denson
Remarks	no 4 patapsco avenue delicated child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30898

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPAR
MAY
17
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	9 mai
4. *Place of Birth (Street and Number)*	N. Bond St
5. *Full Name of Mother*	Katharine Dudek
6. *Mother's Maiden Name*	" " Juda
7. *Mother's Birthplace*	Welenitz
8. *Full Name of Father*	Josef Dudek
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Woodek
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad.
Address	20 Barnes St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* th 9 of May 1878
4. *Place of Birth (Street and Number)* 42 Calvert Street
5. *Full Name of Mother* May Elizabeth James
6. *Mother's Maiden Name* May Elizabeth Johnson
7. *Mother's Birthplace* Elcont Mill
8. *Full Name of Father* James Henry Jones
9. *Father's Occupation* Labor
10. *Father's Birthplace* Pensinvania

Name of Medical Attendant, or other Person who makes this Return. Rosette

Address William No 70

Remarks Present Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30900

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9th
4. *Place of Birth (Street and Number)* cor Myrtle av & Chesnut all
5. *Full Name of Mother* Lizzie Peters
6. *Mother's Maiden Name* Lizzie Sender
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno Peters
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Chs Howe M.D.

Address cor Mulberry & Myrtle av.

Remarks

30901

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 9th 1879.
4. Place of Birth (Street and Number) 52 N Paca,
5. Full Name of Mother Agnes Märslein,
6. Mother's Maiden Name Agnes Schwenk,
7. Mother's Birthplace Brooklyn,
8. Full Name of Father Valentine Märslein.
9. Father's Occupation Machinist.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan,

Address 175 Saratoga St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30902

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 May 9 1879

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 May
4. *Place of Birth (Street and Number)* No 93 Hubert St Louis Co
5. *Full Name of Mother* Cathren Wiese
6. *Mother's Maiden Name* Cathren Bachmann
7. *Mother's Birthplace* Baaren Germany
8. *Full Name of Father* Jacob Wiese
9. *Father's Occupation* Farmer Waiter
10. *Father's Birthplace* New Richmond Ohio

Name of Medical Attendant, or other Person who makes this Return. Margret Ethel

Address No 13 Hubert St Louis Co

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30903

RETURN OF A BIRTH.

MAY 12 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7th of May 1879
4. Place of Birth (Street and Number) 382 West Orleans street
5. Full Name of Mother Geo Jertie Pattin
6. Mother's Maiden Name Jertie Hervoig
7. Mother's Birthplace Germany
8. Full Name of Father John Hervoig
9. Father's Occupation Capenate maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cressentia Kunkel

Address 71 North Chappel st. per Justina Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30904

HEALTH DEPARTMENT
MAY 12 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 ~ Karolin Street
4. *Place of Birth (Street and Number)* May 9 d 1879
5. *Full Name of Mother* Kathrine Konig
6. *Mother's Maiden Name* Kath. Baulus
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Wilhelm Konig
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace* Garmane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 ~ Bondstr.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30905

HEALTH DEPAR
MAY
10
1879
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9th 5 30 A M 1879
4. *Place of Birth (Street and Number)* 272 E Broadway
5. *Full Name of Mother* Frances Emily O Malley
6. *Mother's Maiden Name* Frances Emily Ernest
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Martin O Malley
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return James E. Donnelly M D

Address 299 E. Baltimore Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30906

RETURN OF A BIRTH.

HEALTH DEPAR
MAY
10
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9th 1 1/2 P.M. 1879
4. *Place of Birth (Street and Number)* 101 E. Chester Street
5. *Full Name of Mother* Lucinda White
6. *Mother's Maiden Name* Lucinda Budd
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward William White
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. James E. Donelly M.D.

Address 99 E. Baltimore Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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MISSING

#30907

30908

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 10 to

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth May 9. 1879
4. Place of Birth (Street and Number) O Prattstr No 276
5. Full Name of Mother Susanna Schriefer
6. Mother's Maiden Name Koestler
7. Mother's Birthplace Bielefeld Beiern
8. Full Name of Father Michael Schriefer
9. Father's Occupation Salonkipper
10. Father's Birthplace Zeyendorf Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address South Wolfstr No 28

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th of May 1879
4. Place of Birth (Street and Number) No 55 West Baltimore St
5. Full Name of Mother Mrs Ada Ramsay
6. Mother's Maiden Name Miss " " Dell
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mr Henry Ramsay
9. Father's Occupation Printer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. G Fullenkamp

Address Dooing Well

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30910

HEALTH DEPART
MAY 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th May
4. *Place of Birth (Street and Number)* Baltimore. 77. Cor. Carolin. and - Summersette
5. *Full Name of Mother* Mary Wacek
6. *Mother's Maiden Name* Mary Vondrachek
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Paul Wacek
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69 Washington st

Remarks M. Koptish

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30911

HEALTH DEPT. MAY 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 10th
4. Place of Birth (Street and Number)	N. 244 N. Calhoun Street
5. Full Name of Mother	Mary Richter
6. Mother's Maiden Name	Mary Beck
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Christian F. Richter
9. Father's Occupation	Builder
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Seefach
Address	N. 439 N. Carey St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male (Philip A Carroll)
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* May 10, 1879.
4. *Place of Birth (Street and Number)* 46 N Gilmor St
5. *Full Name of Mother* Mary Carter Carroll
6. *Mother's Maiden Name* Mary Carter Thompson
7. *Mother's Birthplace* Lexington Va
8. *Full Name of Father* John Lee Carroll
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm J. Norwood

Address 81 Madison Avenue.

Remarks

30913

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 May
4. *Place of Birth (Street and Number)* No 124 Spring St
5. *Full Name of Mother* Margaretta Baker
6. *Mother's Maiden Name* Dell
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Baker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 14 1879
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 May
4. Place of Birth (Street and Number)	83 Hyler st
5. Full Name of Mother	Rose Rodgers
6. Mother's Maiden Name	Rose Gainge
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Rodgers
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address	95 Albemarle st
Remarks	Baltimore Md

RETURN OF A BIRTH.

30915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Fem.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10/79
4. Place of Birth (Street and Number)	705 W. Fay
5. Full Name of Mother	Estelle Chesley
6. Mother's Maiden Name	Neeley
7. Mother's Birthplace	
8. Full Name of Father	Jno. Chesley
9. Father's Occupation	Clerk
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Dr. R Quinan
Address	680 W. Fay
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* May the 10
4. *Place of Birth (Street and Number)* No 25 Barre St
5. *Full Name of Mother* Mrs Martha Saddlefield
6. *Mother's Maiden Name* Martha Wilson
7. *Mother's Birthplace* Smith field North virginia
8. *Full Name of Father* William Saddle field
9. *Father's Occupation* Sailor
10. *Father's Birthplace* S Dorchester County

Name of Medical Attendant, or other Person who makes this return Milly Gross

Address No 141 York St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored.
3. Date of Birth 10th May 79.
4. Place of Birth (Street and Number) 98. N. Dallas St.
5. Full Name of Mother Mary E. Chester
6. Mother's Maiden Name Mary E. Cooper
7. Mother's Birthplace Balto.
8. Full Name of Father Dawson A. Chester
9. Father's Occupation Laborer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Walker

Address No 94. Holland St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30918

HEALTH DEPT. MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

May 14th 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 10th 1879.
4. *Place of Birth (Street and Number)* 1 Hart St.
5. *Full Name of Mother* Kate Grissinger.
6. *Mother's Maiden Name* Fuchs.
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* John Grissinger.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant or other Person who makes this Return. Jno. Mary Smith.

Address No. 137 Wolfe St.

Remarks (11)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30919

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th of May 1879
4. *Place of Birth (Street and Number)* 387 East Orleans street
5. *Full Name of Mother* Annie Doorsy
6. *Mother's Maiden Name* Annie Comman
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Nick Comman
9. *Father's Occupation* Policeoffiessor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Cressentia Kunkel

Address 11 North Chappel Street per Justina Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
MAY 12
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 10th 1879.

4. *Place of Birth (Street and Number)* # 209 N. Calhoun St.

5. *Full Name of Mother* Caroline Stewart

6. *Mother's Maiden Name* Creamer

7. *Mother's Birthplace* Balto. City.

8. *Full Name of Father* Andrew Luther Stewart

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Louis M. Knight M.D.

Address 112 N. Greene St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10 May 1879
4. *Place of Birth (Street and Number)* 137 Eden St
5. *Full Name of Mother* Ana Schnitteen
6. *Mother's Maiden Name* Kruse
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Schnitteen
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and cor-
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist o
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre
born, its or their physical condition, whether still born or not, the full name, nativity, and residen
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Over 30922

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) " "
3. Date of Birth May 10th 1879
4. Place of Birth (Street and Number) No 53 N Duncan Alley
5. Full Name of Mother Josephine (Wermouth) Wermuth
6. Mother's Maiden Name Josephine Cooke
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael (Michel) (Wermouth) Wermuth
9. Father's Occupation Driver
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 Mt Donogh st

Remarks Name of Child Conrad Wermouth

Name

RETURN OF A BIRTH.

30923

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male EDWARD COHRT
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11th 1879
4. *Place of Birth (Street and Number)* 114 E Wolf St
5. *Full Name of Mother* Rosa Cort
6. *Mother's Maiden Name* " " Wedonsky
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August (Cort) COHRT
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louise Kraft

Address 236 Canton av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30924

HEALTH DEPART
MAY
21
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sunday Morning May 11st 7 oclock
4. *Place of Birth (Street and Number)* Jones Alley Best Washington Street
5. *Full Name of Mother* Mary Jane Bailey
6. *Mother's Maiden Name* Mary Jane Hooper
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Parnes Bailey
9. *Father's Occupation* Seafaring
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Emaline Slater

Address No 9 Jones Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30923

MAY 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born 4th. May 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11. May
4. *Place of Birth (Street and Number)* Eager St. 433
5. *Full Name of Mother* Elmira Priscilla Norfolk
6. *Mother's Maiden Name* Norfolk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Norfolk
9. *Father's Occupation* Bric Layer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Gary . 113 North Eden St

Remarks

30926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE DEPARTMENT MAY 19 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May the 11th 1879
4. *Place of Birth (Street and Number)*	123 Townsend St
5. *Full Name of Mother*	Susen Henlein
6. *Mother's Maiden Name*	Susen Dürr
7. *Mother's Birthplace*	Cecil Caundy, Md.
8. *Full Name of Father*	Christian Heinlein
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theresia Eigeldinger
Address	No 14 Union Street
Remarks	

Extract Regulations of the Board of Health to [illegible] Record of Vital Statistics [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 11th 1879
4. *Place of Birth (Street and Number)* 64 Union St.
5. *Full Name of Mother* Elise Karchen
6. *Mother's Maiden Name* " " Schultz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gottlieb Karcher
9. *Father's Occupation* Sattler
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Theresia Engeldinger

Address No 14 Union St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30928

MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 11th 1879
4. *Place of Birth (Street and Number)* No 180 S Broadway
5. *Full Name of Mother* Matilda Sinsheimer
6. *Mother's Maiden Name* " Mamberger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Simon Sinsheimer
9. *Father's Occupation* Segar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitz

Address 245 Paulson Ave

Remarks

RETURN OF A BIRTH.

30929

HEALTH DEPAR
MAY
19
1879
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and cor-

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female) Female.

Race or Color (if not of the white race) White

Date of Birth 11th May 1879.

Place of Birth (Street and Number) 87 S. Green St.

Full Name of Mother Sophia Winternitz.

Mother's Maiden Name Sophia Whitfield.

Mother's Birthplace Baltimore Md.

Full Name of Father William Winternitz.

Father's Occupation Com Merchant.

Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. N. W. Littell, M.D.

Address 126 W. Fayette St.

Remarks

30930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 11th 1879
4. *Place of Birth (Street and Number)* Clinton ave
5. *Full Name of Mother* Alice Shanks
6. *Mother's Maiden Name* " Forss
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Reuben W Shanks
9. *Father's Occupation* ~~Plasterer~~
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. ~~Reuben~~ W. Shanks

Address

Remarks

Extract Regulations of th[illegible] r[illegible] Record of Vita[illegible] tics in the City of Baltimore.

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30931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 11 May 1879
4. *Place of Birth (Street and Number)* 93 gravel alley
5. *Full Name of Mother* Martha Miles
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimo.
8. *Full Name of Father* ——
9. *Father's Occupation* ——
10. *Father's Birthplace* ——

Name of Medical Attendant, or other Person who makes this Return. Routh

Address William No 70

Remarks Chesnut Stn

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 11 1879
4. Place of Birth (Street and Number) S. E. Cor. Balt & Calhoun Sts
5. Full Name of Mother Sarah E. Duncan
6. Mother's Maiden Name " " Loenard
7. Mother's Birthplace Baltimore
8. Full Name of Father Thos. M. Duncan
9. Father's Occupation Engineer
10. Father's Birthplace Ohio

Name of Medical Attendant, or other Person who makes this Return. Chas W. Neff M.D.

Address

Remarks 306 W. Fayette Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Born May 11th
4. *Place of Birth (Street and Number)* Baltimore Sayers Aly No 60
5. *Full Name of Mother* Lizzie Trivas
6. *Mother's Maiden Name* Le Savoy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Trivas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Nelson

Address 988 Cross st

Remarks

RETURN OF A BIRTH.

309 34

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* mary The 11.18.79
4. *Place of Birth (Street and Number)* 267 orleans st Baltimore
5. *Full Name of Mother*
6. *Mother's Maiden Name* Anna Williams
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lulinda Wolford

Address 130 Regester st Baltimore Md

Remarks

Extract Regulations of the Board of Health relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 May
4. *Place of Birth (Street and Number)* No 14 President St
5. *Full Name of Mother* Katheran Eckstein
6. *Mother's Maiden Name* Urban
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Eckstein
9. *Father's Occupation* Stonebroker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Gravley St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30936

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 May
4. *Place of Birth (Street and Number)* 39 Lombard st
5. *Full Name of Mother* Annie Eakart
6. *Mother's Maiden Name* Annie McCluskey
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Benjamin Eakart
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Fleming

Address 95 Athenaeum at

Remarks Baltimore md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30937

HEALTH DEPARTMENT
MAY 14 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9th

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* May 11th 1879
4. *Place of Birth (Street and Number)* 607 N Fayette St.
5. *Full Name of Mother* Carrie Rosenheim
6. *Mother's Maiden Name* Carrie Guggenheimer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Rosenheim Rosenheim
9. *Father's Occupation* Liquor Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John J. Rickrozed M.D.

Address City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 20.

1. Sex (state whether Male or Female) Male & Female. Twins
2. Race or Color (if not of the white race) Black.
3. Date of Birth 11th May 1879.
4. Place of Birth (Street and Number) 12 Upton Street Baltimore.
5. Full Name of Mother Lucinda Blackwell
6. Mother's Maiden Name " Lewis
7. Mother's Birthplace Northumberland Co Virginia.
8. Full Name of Father Roiston Blackwell.
9. Father's Occupation Church Sexton.
10. Father's Birthplace Northumberland Co. Virginia.

Name of Medical Attendant, or other Person who makes this Return. Harry L. Byrd M.D.

Address 139 N Arlington Avenue Baltimore

Remarks Twins, premature birth, about sixth month.

Both breathed two or three hours.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 11 1879
4. *Place of Birth (Street and Number)* 31 fell st
5. *Full Name of Mother* mary Zinnaman
6. *Mother's Maiden Name* mary wilkinson
7. *Mother's Birthplace* ireland
8. *Full Name of Father* edward Zinnaman
9. *Father's Occupation* gunsmith
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicearna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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309140

HEALTH DEPT MAY 13 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 11th
4. *Place of Birth (Street and Number)*	283. McHenry St
5. *Full Name of Mother*	Lucinda Millingham
6. *Mother's Maiden Name*	Lucinda Moore
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles C. Millingham
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	O. A. Thornton
Address	370 Lanvale St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30941

HEALTH DEPT
MAY
13
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 2d 1/1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white race
3. Date of Birth	May the 11
4. Place of Birth (Street and Number)	Baltimore Forte ave No 10
5. Full Name of Mother	Margret Townsend
6. Mother's Maiden Name	Walton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Townsend
9. Father's Occupation	Labor
10. Father's Birthplace	Anradelle Co
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathaway
Address	fort ave No 192
Remarks	

RETURN OF A BIRTH.

30942

BUREAU DEPARTMENT
MAY 12 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 11th 1879
4. *Place of Birth (Street and Number)*	136 Camden St.
5. *Full Name of Mother*	Louisa Wallas
6. *Mother's Maiden Name*	Louisa Fulks
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John W. Wallas.
9. *Father's Occupation*	Restaurant Keeper.
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

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309113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 May 1879
4. *Place of Birth (Street and Number)* 64 Pratt St
5. *Full Name of Mother* Barbara Gontner
6. *Mother's Maiden Name* Fisch
7. *Mother's Birthplace* U S
8. *Full Name of Father* Jos Gontner
9. *Father's Occupation* Business Man
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Casper

Address 52 E. Fayette St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPA[illegible] MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11 May 1879
4. *Place of Birth (Street and Number)* 230 Gough St
5. *Full Name of Mother* Louise Hertle
6. *Mother's Maiden Name* Henderson
7. *Mother's Birthplace* England
8. *Full Name of Father* Salomon Hertle
9. *Father's Occupation* Grocery Business
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

309145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9 30
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 11th 1879
4. Place of Birth (Street and Number)	56 York st
5. Full Name of Mother	Mary W. Hall
6. Mother's Maiden Name	Mary V. Fitzpatrick
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Thomas Hall
9. Father's Occupation	Carter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th 1879
4. Place of Birth (Street and Number)	250 Henrietta St
5. Full Name of Mother	Mary Willey
6. Mother's Maiden Name	Mary North
7. Mother's Birthplace	East Md
8. Full Name of Father	Marcellus Willey
9. Father's Occupation	Engineer
10. Father's Birthplace	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~no Low st~~ May 11th 1879
4. *Place of Birth (Street and Number)* No Low st
5. *Full Name of Mother* Annie Pierce
6. *Mother's Maiden Name* Annie Evervine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* H Pierce
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 152 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30948

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 12th 1879
4. *Place of Birth (Street and Number)* No 415 Charles st
5. *Full Name of Mother* Albertine Weis
6. *Mother's Maiden Name* Walter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Weis
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover St.

Remarks

RETURN OF A BIRTH.

30949

HEALTH DEPT
MAY 19
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 12 of May 1877
4. *Place of Birth (Street and Number)* No 7 Forest St.
5. *Full Name of Mother* Miss Wittman
6. *Mother's Maiden Name* Missis Heil
7. *Mother's Birthplace* born in Hanover Germany
8. *Full Name of Father* Mr. Wittman
9. *Father's Occupation* laberer
10. *Father's Birthplace* born in Hanover Germany

Name of Medical Attendant, or other Person who makes this return Miss Hillis

Address No 1017 West Balt St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30950

HEALTH DEPARTMENT
MAY 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 of May 1879
4. Place of Birth (Street and Number) No 15 Peakh Alley
5. Full Name of Mother Maggie Hardegen
6. Mother's Maiden Name Maggie Fox
7. Mother's Birthplace Bayern Germania
8. Full Name of Father George Hardegen
9. Father's Occupation Weelrigth
10. Father's Birthplace Bayern Germania

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address No 128 West St Baltimor ~~Cyt~~ City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30951

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Octaroon
3. Date of Birth	May 12 - 79 -
4. Place of Birth (Street and Number)	85 George St.
5. Full Name of Mother	Henrietta M. Piper -
6. Mother's Maiden Name	" " Parker.
7. Mother's Birthplace	Md.
8. Full Name of Father	Richd. M. Piper
9. Father's Occupation	Sexton of Church -
10. Father's Birthplace	Martinsburg Va -
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. King - M.D.
Address	76 Edmondson ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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30952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 12th 1879

4. Place of Birth (Street and Number) N 178 Mulberry St

5. Full Name of Mother Helen P. Nottingham

6. Mother's Maiden Name Helen P. Carver

7. Mother's Birthplace Baltimore

8. Full Name of Father Alonzo G. Nottingham

9. Father's Occupation Salesman

10. Father's Birthplace Northhampton Virginia

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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30953

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First - "

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White - "
3. Date of Birth May 12th 1879
4. Place of Birth (Street and Number) 348 Ramsay St
5. Full Name of Mother Florence Alverdie Hobeack.
6. Mother's Maiden Name — King.
7. Mother's Birthplace Baltimore County
8. Full Name of Father George Wesley Hobeack -
9. Father's Occupation Cooper.
10. Father's Birthplace Petersburg Va

Name of Medical Attendant, or other Person who makes this Return. W. G. Regester M.D.

Address S.W. Cor Fayette & Calhoun Sts

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

309514

HEALTH DEPARTMENT MAY 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex (state whether Male or Female) Gril
2. Race or Color (if not of the white race) White
3. Date of Birth 12 May 1879
4. Place of Birth (Street and Number) to 403 Cutow St
5. Full Name of Mother Maria Fritz
6. Mother's Maiden Name Maria Haidlag
7. Mother's Birthplace Germney
8. Full Name of Father Conrad Fritz
9. Father's Occupation Germney
10. Father's Birthplace Glass Blower

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russell St No 70

Remarks

30955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 12th 1879
4. *Place of Birth (Street and Number)* Baltimore Forest Alley No 5
5. *Full Name of Mother* Anna Davis
6. *Mother's Maiden Name* Anna White
7. *Mother's Birthplace* Calvert County
8. *Full Name of Father* John Davis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return. Martha Morse Midwife

Address Claytons Row No 3

Remarks please to excuse any delay as I have been sick

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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30956

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12. 1879
4. *Place of Birth (Street and Number)* #299 N. Broadway
5. *Full Name of Mother* Elizabeth Price
6. *Mother's Maiden Name* " Finch
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Price
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address #305 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Twins

1. Sex (state whether Male or Female) Females
2. Race or Color (if not of the white race) White
3. Date of Birth May 12th 1879
4. Place of Birth (Street and Number) No. 36 Fountain St.
5. Full Name of Mother Mary Weiter
6. Mother's Maiden Name Linsel
7. Mother's Birthplace Balto City
8. Full Name of Father George Weiter
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M J Gately M.D.

Address 244, Balto St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAY
17
1879
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White American
3. Date of Birth	May 12th 1879
4. Place of Birth (Street and Number)	272 East Pratt st
5. Full Name of Mother	Isabella Giles Wilson Chason
6. Mother's Maiden Name	Isabella Giles Wilson Mullen
7. Mother's Birthplace	Baltimore City Md.
8. Full Name of Father	Joseph Lamb Chason
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	Clarissa Cook
Address	No 272 East Pratt st
Remarks	Mother and Child do very well

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30959

BIRTH DEPART
MAY
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 1879
4. *Place of Birth (Street and Number)* 52 Monroe st
5. *Full Name of Mother* Lena Groh Wright
6. *Mother's Maiden Name* Lena Groh
7. *Mother's Birthplace* Balto, Md
8. *Full Name of Father* Geo. Wright
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. James Bailey M. D.

Address 319 Hollins st

Remarks

30960

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) #7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May #12/78
4. Place of Birth (Street and Number) No 155 S Washington ro
5. Full Name of Mother Mary E Powell
6. Mother's Maiden Name Barnes
7. Mother's Birthplace Balto
8. Full Name of Father Robert Powell
9. Father's Occupation Steamters
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah P Harrington

Address No 387 Canton Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30961

HEALTH DEPARTMENT
MAY 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 12 - 1879
4. Place of Birth (Street and Number) No 95 N Charles St
5. Full Name of Mother Laura V Wright
6. Mother's Maiden Name " " Granger
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jacob F L Wright
9. Father's Occupation Tobacconist
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. J M Reder M D

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30962

HEALTH DEPART MAY 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12" 1879
4. Place of Birth (Street and Number)	No. 204 Gough St.
5. Full Name of Mother	Lida Hutson
6. Mother's Maiden Name	Lida Malloy.
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Edward Hutson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore city.
Name of Medical Attendant, or other Person who makes this Return.	Dr. B. W. Mansfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 12th May
4. *Place of Birth (Street and Number)* West St. No. 876
5. *Full Name of Mother* Elizabeth Deisseroth
6. *Mother's Maiden Name* Elizabeth Müller
7. *Mother's Birthplace* Friedewald. Curhessen Europe
8. *Full Name of Father* Friederich Deisseroth
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Friedewald Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Minch

Address 98 Leadenhall St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child —

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White —
3. *Date of Birth* May 12th, 1879 —
4. *Place of Birth (Street and Number)* N. W. corner of Saratoga and Holliday —
5. *Full Name of Mother* Mary Isaacs —
6. *Mother's Maiden Name* Ulman —
7. *Mother's Birthplace* Kentucky —
8. *Full Name of Father* Herman Isaacs —
9. *Father's Occupation* Liquor Dealer —
10. *Father's Birthplace* Prussia —

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith

Address 106 Hillen avenue

Remarks Child healthy —

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colard
3. Date of Birth map 12
4. Place of Birth (Street and Number) Marleans
5. Full Name of Mother mary heugher
6. Mother's Maiden Name mary Carter
7. Mother's Birthplace carrol co md
8. Full Name of Father henry heugher
9. Father's Occupation nahtings
10. Father's Birthplace carrol co md

Name of Medical Attendant, or other Person who makes this Return. mrs lear [illegible]

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Monday, May 12th 1879
4. *Place of Birth (Street and Number)*	4402 Central Ave.
5. *Full Name of Mother*	# Helen Mason,
6. *Mother's Maiden Name*	Helen Herman
7. *Mother's Birthplace*	Berlin, Prussia,
8. *Full Name of Father*	Chas. H. Mason,
9. *Father's Occupation*	# Clerk
10. *Father's Birthplace*	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton. MD,
Address	269 N. Carlton St,
Remarks	Vertex Presentation,

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

20767

H DEPA
MAY 14 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 79.
4. *Place of Birth (Street and Number)* No 224 Ramsey St: near Stricker
5. *Full Name of Mother* Alice Countess.
6. *Mother's Maiden Name* Alice McConnell.
7. *Mother's Birthplace* [redacted] York
8. *Full Name of Father* James Countess
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Cary Land

Name of Medical Attendant, or other Person who makes this Return. W. J. Lemon

Address No. 483. W. Henry St.

Remarks Very Delicate Child think it will live

RETURN OF A BIRTH.

30968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH MAY 14 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12 1879
4. Place of Birth (Street and Number)	N. Mount- near Fay.
5. Full Name of Mother	A E. Stevens
6. Mother's Maiden Name	A. E. Parlett
7. Mother's Birthplace	
8. Full Name of Father	Joseph Stevens
9. Father's Occupation	Saddler.
10. Father's Birthplace	Calvert Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Mor R Quinan
Address	680 W. Fay.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPT.
MAY
13
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	May 12. 1879
4. *Place of Birth (Street and Number)*	14½ Vine st
5. *Full Name of Mother*	Agness Carr
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	St mary Co
8. *Full Name of Father*	Samuel Carr
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	West River
Name of Medical Attendant, or other Person who makes this Return.	Chollot Proctor
Address	10 Carlton st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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30970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH REPAR... MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 May 1879
4. *Place of Birth (Street and Number)* Asquith St
5. *Full Name of Mother* Wilhelmina Kahl
6. *Mother's Maiden Name* Sud
7. *Mother's Birthplace* U S
8. *Full Name of Father* Georg Kahl
9. *Father's Occupation* Taylor
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E Lombard St

Remarks

30971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 May 1879
4. *Place of Birth (Street and Number)* 166 Canal St
5. *Full Name of Mother* Bridget Rotsch
6. *Mother's Maiden Name* Borens
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jams Rotsch
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12th May
4. *Place of Birth (Street and Number)*	22 Eutaw St.
5. *Full Name of Mother*	Catherine O'Brien
6. *Mother's Maiden Name*	Catherine McElligott
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thos. J. O'Brien
9. *Father's Occupation*	Restaurant-Keeper
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Felix Courtis
Address	22 Cathedral St.
Remarks	Child living & healthy - its name Thomas

RETURN OF A BIRTH.

30973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 13. 1879
4. Place of Birth (Street and Number) John St. near St. Paul
5. Full Name of Mother Mary Knight
6. Mother's Maiden Name nee White
7. Mother's Birthplace New York
8. Full Name of Father Samuel Ames Knight
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 223 Madison Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAY
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1879
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex* (~~state whether Male or~~ Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 15th 1879
4. *Place of Birth* (Street and Number)	544 Harford Ave
5. *Full Name of Mother*	Mary A. Murphy
6. *Mother's Maiden Name*	Mary A Clifford
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	~~Michael~~ Murphy
9. *Father's Occupation*	Mechanic
10. *Father's Birthplace*	Mt. Washington Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	H. S. Malone
Address	447 N. Central ave.
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPAR
MAY
18
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Childern

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 of May 1879
4. *Place of Birth (Street and Number)* 12 78 York St.
5. *Full Name of Mother* Briget Corby
6. *Mother's Maiden Name* Briget Moriz
7. *Mother's Birthplace* Irrland
8. *Full Name of Father* Willium Corby
9. *Father's Occupation* Laiborer
10. *Father's Birthplace* Irrland

Name of Medical Attendant, or other Person who makes this Return, Sabena Grishaber

Address 128 West St. Baltimore City

Remarks

RETURN OF A BIRTH.

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HEALTH DEPT
MAY
19
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 of May 1879
4. *Place of Birth (Street and Number)* N° 210 William St.
5. *Full Name of Mother* Margaretha Rettungley
6. *Mother's Maiden Name* Margarethe Heinach
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Thomas H. Rettungley
9. *Father's Occupation* Inspenear at Steamboath
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sabina Grisbaber

Address do 128 West St. Baltimor City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT
MAY 20 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 May 1879
4. *Place of Birth (Street and Number)* 129 Canal St
5. *Full Name of Mother* Charlotte Klein
6. *Mother's Maiden Name* Farenholz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Klein
9. *Father's Occupation* Silversmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30978

HEALTH DEPARTMENT
MAY 20 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female W
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 May 1879
4. *Place of Birth (Street and Number)* 5 Front St
5. *Full Name of Mother* Katherina Schneider
6. *Mother's Maiden Name* Bonn
7. *Mother's Birthplace* U S
8. *Full Name of Father* Francis Schneider
9. *Father's Occupation* Painter
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30979

RETURN OF A BIRTH.

HEALTH DEPART
MAY
20
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth May 13 th 1879

4. Place of Birth (Street and Number) 195 n. Frondstreet

5. Full Name of Mother Ana Kathrine Pell

6. Mother's Maiden Name A. K. Ruth

7. Mother's Birthplace Germane

8. Full Name of Father Johannis Pell

9. Father's Occupation Taglohner

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 n. Bondst.

Remarks

Rec Record of Vital Statistics in the City of Baltimore.

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Rec'd Record of Vital Statistics in the City of Baltimore.

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30986

HEALTH DEPART
MAY
20
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13 th 1879
4. *Place of Birth (Street and Number)* 517 N. Eldre Str.
5. *Full Name of Mother* Christine Weizel
6. *Mother's Maiden Name* Chr. Groz
7. *Mother's Birthplace* Elsas Lothringen
8. *Full Name of Father* Johan Weizel
9. *Father's Occupation* Brickleger
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bond Str.

Remarks

30981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 13th 1879.
4. Place of Birth (Street and Number) 199 Penna. Av.
5. Full Name of Mother Geraldine Potts.
6. Mother's Maiden Name Uppercue
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Samuel W. Potts.
9. Father's Occupation Bookbinder
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White

Address 30 N. Gilmor St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male

2. ~~*Race or Color (if not of the white race)*~~ *of the white race)* White

3. *Date of Birth* May 13th 1879

4. *Place of Birth (Street and Number)* 63 Fremont st.

5. *Full Name of Mother* Ella Bruning

6. *Mother's Maiden Name* " Staff

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Bruning

9. *Father's Occupation* Baker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kohl

Address 328 South Eutaw st.

Remarks

HEALTH DEPART MAY 22 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

30983

RETURN OF A BIRTH.

HEALTH DEPART
MAY
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Born May 13th 1879
4. *Place of Birth (Street and Number)*	165 N. Eden St.
5. *Full Name of Mother*	Anna Müller
6. *Mother's Maiden Name*	Anna Rungstock
7. *Mother's Birthplace*	Liguitz Germany
8. *Full Name of Father*	August Müller
9. *Father's Occupation*	Watchmaker
10. *Father's Birthplace*	Wohlau Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Risz
Address	No 26 N Spring St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Every Record of Vital Statistics in the City of Baltimore.

30984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 6 to

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Mar 13. 1879
4. Place of Birth (Street and Number) N. Dallas st. 243
5. Full Name of Mother Christiane Sauer
6. Mother's Maiden Name Spiegel
7. Mother's Birthplace Kur Hessen
8. Full Name of Father Hildebert Sauer
9. Father's Occupation Storrkipper
10. Father's Birthplace Kur Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolf st. No 28

Remarks Death 14 Mar 1879 Kramps.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31985

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Liddy Ann

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 13
4. *Place of Birth (Street and Number)* 13 Hunter st
5. *Full Name of Mother* Liddy Ann Boyd
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Harper
9. *Father's Occupation* Barber
10. *Father's Birthplace* Cleveland Ohio

Name of Medical Attendant, or other Person who makes this Return. Sarah Duvall

Address 276 So Howard st

Remarks

30986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May. 13th 1879
4. Place of Birth (Street and Number)	Baltimore. Hanover st No 292
5. Full Name of Mother	Theresia Ebert
6. Mother's Maiden Name	Addiman
7. Mother's Birthplace	Germany
8. Full Name of Father	Jr. Wm Ebert
9. Father's Occupation	Glassblower
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 221 Montgomery st Balti
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30987

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white race

3. Date of Birth May the 13

4. Place of Birth (Street and Number) Baltimore fort av No 49

5. Full Name of Mother anne Burton

6. Mother's Maiden Name anne Ezome

7. Mother's Birthplace Baltimore

8. Full Name of Father robbard Burton

9. Father's Occupation labor

10. Father's Birthplace Dorcherter Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address fort av No. 72

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30955

HEALTH DEPARTMENT MAY 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 13. 1879
4. *Place of Birth (Street and Number)*	19 Johnson st Baltimore
5. *Full Name of Mother*	Martha Conway
6. *Mother's Maiden Name*	" Weber
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	J. Conway
9. *Father's Occupation*	Coachman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remark	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Full Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

30989

BOARD OF HEALTH MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 13th 1879
4. Place of Birth (Street and Number)	No 18 Vincent Street
5. Full Name of Mother	Kate O'Meara
6. Mother's Maiden Name	Kate Hanley
7. Mother's Birthplace	Cork Ireland
8. Full Name of Father	Patrick O'Meara
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	J. R. Baker M. D.
Address	234 W. Fayette St
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30990

HEALTH DEPARTMENT
MAY 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th of May 1879
4. Place of Birth (Street and Number) 70 North Durham street
5. Full Name of Mother Anna Homan
6. Mother's Maiden Name Anna Basle
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Basle
9. Father's Occupation Schoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel st. per Justina Kunkel

Remarks Healthy

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAY
19
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	May 13th 1879
4. Place of Birth (Street and Number)	39 N. Holy. St.
5. Full Name of Mother	Julia. A. Haldmann.
6. Mother's Maiden Name	" " Bockel
7. Mother's Birthplace	Ireland.
8. Full Name of Father	William C. Haldmann
9. Father's Occupation	Book-Keeper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Edmund P. Mendenhall
Address	137 N. Exeter St
Remarks	

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Post Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

30992

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 13 1879
4. *Place of Birth (Street and Number)*	213 S. Eutaw
5. *Full Name of Mother*	Louisa Davison
6. *Mother's Maiden Name*	" Mardaga
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Sam. Davison
9. *Father's Occupation*	Flagman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster
Address	67 Barnes
Remarks	

30993

RETURN OF A BIRTH.

HEALTH DEPAR
MAY 24 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 13th 1879
4. *Place of Birth (Street and Number)*	249½ Battery av
5. *Full Name of Mother*	Clementine Byrd
6. *Mother's Maiden Name*	Paul
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Sam'l J. Byrd
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Barre sts
Remarks	

30994

HEALTH DEPARTMENT
MAY 15 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth may 13
4. Place of Birth (Street and Number) 126 shelling st
5. Full Name of Mother Alpisty Banks
6. Mother's Maiden Name Alpisty Griffin
7. Mother's Birthplace Baltimore
8. Full Name of Father John Banks
9. Father's Occupation labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short st

Remarks healthy child

Vice Record of Vital Statistics in the City of Baltimore.

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30995

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) C

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* may 13
4. *Place of Birth (Street and Number)* 124 Sterling st
5. *Full Name of Mother* Eliza Barton
6. *Mother's Maiden Name* Eliza lee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Barton
9. *Father's Occupation* paster
10. *Father's Birthplace* harrisburg pendilpania

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address no 32 Hart st

Remarks healthy Child

30996

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Kind

1. *Sex (state whether Male or Female)* Bub.
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 13ten Mai
4. *Place of Birth (Street and Number)* No 245 Saut Lohnstedt
5. *Full Name of Mother* Cattirne Schuckmann
6. *Mother's Maiden Name* Cattirne Strubel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Willam Schuhmann
9. *Father's Occupation* Baber
10. *Father's Birthplace* Deutschland.

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 197. S. Dallas Str

Remarks Hemme

Vice Record of Vital Statistics in the City of Baltimore.

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30997

RETURN OF A BIRTH.

the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

er (state whether 1st, 2d, 3d, &c) Life children

Male or Female) Female

not of the white race) Colored

on Thursday may the 1879

eet and Number) Norris alley Baltimore city No dont know

er Mrs Sucker

Dont know

RETURN OF A BIRTH.

30997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fifs children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	on Thursday may the 1879
4. Place of Birth (Street and Number)	Norris alley Baltimore city - No dont know
5. Full Name of Mother	Mrs Sucker
6. Mother's Maiden Name	Dont Know
7. Mother's Birthplace	Baltimore city - md
8. Full Name of Father	Ike Sucker
9. Father's Occupation	any kind of laboren work
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Midwife Caroline Jones
Address	No 236 Wine st -
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Baltimore city and
her Mr Tucker
any kind of laboren work

Attendant, or other Person who makes this Return. Midwife Caroline Jones
to No 236 Vine st

That
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RETURN OF A BIRTH.

30998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White -
3. Date of Birth	May 14 - 1879
4. Place of Birth (Street and Number)	185 N. Carrollton ave -
5. Full Name of Mother	Grace H. Townsend
6. Mother's Maiden Name	Grace H. Mortimer
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	John O Townsend -
9. Father's Occupation	Merchant —
10. Father's Birthplace	Snow Hill, Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. T. King - M.D
Address	76 Edmondson ave -
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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30999

HEALTH DEPART
MAY
21
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First and only one
1. Sex (state whether Male or Female)	A Female Child
2. Race or Color (if not of the white race)	Colored race
3. Date of Birth	the 14th of may 1879
4. Place of Birth (Street and Number)	No 42 Pierce St.
5. Full Name of Mother	Mary Priscila Barbara Hall
6. Mother's Maiden Name	Mary Priscila Barbara Woodland
7. Mother's Birthplace	Burlington, N J
8. Full Name of Father	John M Hall
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs May Jane Richardson
Address	No 242 Dover St
Remarks	The child is healthy and both are doing well

31.000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14th of May
4. Place of Birth (Street and Number) 248 S. Paca St
5. Full Name of Mother Mary Shriver
6. Mother's Maiden Name " Zimmerman
7. Mother's Birthplace Baltimore
8. Full Name of Father Ralph Shriver
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Susan Hunter

Address 21 No Popleton Street

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAY
19
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 14th 1879.
4. Place of Birth (Street and Number) No. 225 E. Eutaw St.
5. Full Name of Mother Annie Lewis
6. Mother's Maiden Name Annie
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Lewis.
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. F. Taylor M.D.

Address No. 210. N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

310021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAY 19 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1st

1. Sex (state whether Male or Female) Male Health
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 14 th of May 1879
4. Place of Birth (Street and Number) No 852 Mc Henry St.
5. Full Name of Mother Annie Weiser
6. Mother's Maiden Name Annie Finzel
7. Mother's Birthplace born in Balto. City
8. Full Name of Father John Weiser
9. Father's Occupation Barber
10. Father's Birthplace born in Patterson New Jersey

Name of Medical Attendant, or other Person who makes this return Miss Hiller

Address No. 1017 West Fath St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 May 1879
4. *Place of Birth (Street and Number)* 3 Frederick St.
5. *Full Name of Mother* Carolina Radicort
6. *Mother's Maiden Name* Zahn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Radicort
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART... BALTIMORE 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 Jan 1879
4. *Place of Birth (Street and Number)* 127 Lombard St
5. *Full Name of Mother* Bertha Levi
6. *Mother's Maiden Name* Rothenstein
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Solomon Levi
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Kayser

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31005

HEALTH DEPART
MAY
29
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 May 1879
4. *Place of Birth (Street and Number)* 34 Pratt St
5. *Full Name of Mother* Ann Conrad
6. *Mother's Maiden Name* Lotzmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Paul Conrad
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Paul Conrad

Address 32 E. Lombard

Remarks

31006

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth child.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth May 14th, 1879

4. Place of Birth (Street and Number) 160 Battery Ave.

5. Full Name of Mother Catherine Wolf.

6. Mother's Maiden Name " Wollenberg

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Conrad Wolf.

9. Father's Occupation Wagoner.

10. Father's Birthplace Hessendamstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway.

Address

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31007

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART MAY 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1879
4. *Place of Birth (Street and Number)* No. 86. Lanvor st
5. *Full Name of Mother* Mary Lunz
6. *Mother's Maiden Name* Mary Kahl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* ~~Wm~~ William Lunz
9. *Father's Occupation* Bakery
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gena Hillegeist

Address No. 182 E Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31008

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14th, 1879
4. Place of Birth (Street and Number)	No 512 N. Washington St
5. Full Name of Mother	Annie Lavenia Steakman
6. Mother's Maiden Name	" " Cofield
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George H. Steakman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. H. White, M. D.
Address	341 N. Broadway
Remarks	

5

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31009

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. Sex (~~state whether~~ Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th, 1879
4. Place of Birth (Street and Number)	319 Cathedral St
5. Full Name of Mother	Henrietta Samuels
6. Mother's Maiden Name	" Duttenhaugh
7. Mother's Birthplace	Berlin
8. Full Name of Father	Henry Samuels
9. Father's Occupation	Merchant
10. Father's Birthplace	London, England
Name of Medical Attendant, or other Person who makes this Return.	Walter F. White M.D.
Address	341 N. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31010

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Light Complexion
3. *Date of Birth* May 14th 1879
4. *Place of Birth (Street and Number)* No 119 Chestnut St
5. *Full Name of Mother* Alice Marshall
6. *Mother's Maiden Name* Alice Parker
7. *Mother's Birthplace* Cincinnati Ohio
8. *Full Name of Father* John Marshall
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address # 6 Hamilton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31011

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Light Complection
3. *Date of Birth* May 14th 1879
4. *Place of Birth (Street and Number)* No. 119 Chestnut St
5. *Full Name of Mother* Alice Marshall
6. *Mother's Maiden Name* Alice Parker
7. *Mother's Birthplace* Cincinnati Ohio
8. *Full Name of Father* John Marshall
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address # 6 Hamilton St

Remarks

31012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May th 14 1879
4. *Place of Birth (Street and Number)* Pratt st 721
5. *Full Name of Mother* Carrey Reynolds
6. *Mother's Maiden Name* Carrey Macison
7. *Mother's Birthplace* Baltimore C O
8. *Full Name of Father* Charles E. Reynolds
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Fuchurgen

Address 293 Barney st Bd

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31013

HEALTH DEPT. MAY 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 th of May 1879
4. *Place of Birth (Street and Number)* No 32 Patterson Park Av
5. *Full Name of Mother* Rosey Nelson
6. *Mother's Maiden Name* Rosey Fitch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William J nelson
9. *Father's Occupation* Mariner
10. *Father's Birthplace* [redacted] Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

310611

HEALTH DEPAR
MAY
21
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th
4. *Place of Birth (Street and Number)* No 98 York Street
5. *Full Name of Mother* Mary Elizzie Gibson
6. *Mother's Maiden Name* Lightner
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Albert C Gibson
9. *Father's Occupation* Labor
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Catherine Seebach, 439 W. Pratt St. Baltimore

Remarks

31015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 May. 1879
4. *Place of Birth (Street and Number)* No. 23 Clayton Ave
5. *Full Name of Mother* Leonora Missouri Shultz
6. *Mother's Maiden Name* " " Burns
7. *Mother's Birthplace* Manchester Carroll Co. Md.
8. *Full Name of Father* Hezekiah Peter Shultz.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Manchester, Carroll Co Md.

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M. D.

Address No. 267 Druid Hill Ave

Remarks

31016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12 1879
4. *Place of Birth (Street and Number)* Woodbury 139 Bolton St
5. *Full Name of Mother* Belle Colvin
6. *Mother's Maiden Name* Belle Rasdaut
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* G. W. Colvin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G W Mitterberger

Address 121 W Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31017

HEALTH DEPARTMENT
MAY 17 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 3th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth May 14th 1879
4. Place of Birth (Street and Number) 465 W. Lombard St.
5. Full Name of Mother Maggie E. Harris.
6. Mother's Maiden Name Maggie E. Fowler.
7. Mother's Birthplace Georgetown D.C.
8. Full Name of Father William H. Harris.
9. Father's Occupation Carpenter.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozer Ltd.

Address " " "

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31018

HEALTH DEPARTMENT
MAY 12 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 14th
4. *Place of Birth (Street and Number)*	184 Equalt [illegible]
5. *Full Name of Mother*	Virginia Burkhart
6. *Mother's Maiden Name*	Virginia Coulter
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Burkhart
9. *Father's Occupation*	S. of Police
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Kate Lanahan
Address	242 Central Avenue.
Remarks	

RETURN OF A BIRTH.

31019

MAY 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 14. 1879
4. *Place of Birth (Street and Number)*	Baltimore No 20 Salem st
5. *Full Name of Mother*	Catherine Marshall
6. *Mother's Maiden Name*	Bainer
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Marshall
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. Child

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 14th 1879.
4. *Place of Birth (Street and Number)* E. Fayette St. No 44.
5. *Full Name of Mother* Josephine Lotz.
6. *Mother's Maiden Name* Josephine Schroeder
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Adam Schroeder
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	14 May
4. *Place of Birth (Street and Number)*	310 E Monument St.
5. *Full Name of Mother*	Christina Tiemann
6. *Mother's Maiden Name*	" Magdalene
7. *Mother's Birthplace*	239 E Monument St Baltimore
8. *Full Name of Father*	Louis A Tiemann
9. *Father's Occupation*	Cigar Packer
10. *Father's Birthplace*	Dassel Pruisen Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Butt
Address	S. E corner of Cathedral & Monument St
Remarks	

~~32~~ 31022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren 14ten June
4. *Place of Birth (Street and Number)* No 282 S. Bond Str
5. *Full Name of Mother* Margerhta Battermaÿ
6. *Mother's Maiden Name* Margrehta Drescher
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Gottfred Battermay
9. *Father's Occupation* Kuper
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 197. S. Dallas Str

Remarks Hemme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 31023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 14th 1879
4. Place of Birth (Street and Number) 349 Lexington St
5. Full Name of Mother Fannie A. Gorman
6. Mother's Maiden Name Fannie A Evans
7. Mother's Birthplace Carroll County Maryland
8. Full Name of Father Wm G. Gorman
9. Father's Occupation Dairyman
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. T. Bellhard

Address 306 Madison Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 May
4. *Place of Birth (Street and Number)* No 66 Granby
5. *Full Name of Mother* Karoline Sing
6. *Mother's Maiden Name* Simon
7. *Mother's Birthplace* Garming
8. *Full Name of Father* George Sing
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Garming

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31025

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th May 1879
4. *Place of Birth (Street and Number)* Dam st No 97
5. *Full Name of Mother* Mary Hordonka
6. *Mother's Maiden Name* Mary Fygaj
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Mihal Fygaj
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kaplish

Address 69 Washington st

Remarks Mary Kaplish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 31026

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 2 1879 BALTIMORE

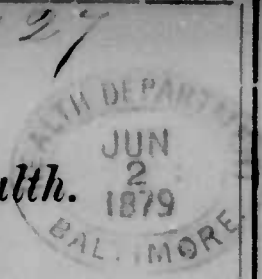
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14 1879
4. Place of Birth (Street and Number)	S W Cor Eager & McDonough
5. Full Name of Mother	Emma L Beckmyer
6. Mother's Maiden Name	Emma L Methee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm J Beckmyer
9. Father's Occupation	Wire Worker (Deceased)
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Elwell
Address	286 McDonough St
Remarks	Name of child Wm J Beckmyer.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31027



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th May
4. *Place of Birth (Street and Number)* 76 Hanover, st.
5. *Full Name of Mother* Sarah Rosenthal
6. *Mother's Maiden Name* Sarah Hill
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Saml Rosenthal
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Felix Neustadt

Address No 2 Cathedral St.

Remarks Child living & healthy

31028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	may 14th
4. *Place of Birth (Street and Number)*	147 yorkst
5. *Full Name of Mother*	Precillia morcil
6. *Mother's Maiden Name*	Precillia dorkins
7. *Mother's Birthplace*	colbert county
8. *Full Name of Father*	John morcil
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Portir
Address	
Remarks	no 4 papts co avenue helthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31029

HEALTH DEPARTMENT
MAY 19 1899
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15th
4. *Place of Birth (Street and Number)* No 153 Madison st Baltimore
5. *Full Name of Mother* Oliva McLean
6. *Mother's Maiden Name* Oliva Netre
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William James McLean
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Guy

Address No 113 N. Eden St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAY
19
1879
BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.) Second

tate whether Male or Female) Male

or Color (if not of the white race) White

of Birth may 14th 1879

of Birth (Street and Number) Baltimore city N021 fountain st

Name of Mother Hannah E Conklin

r's Maiden Name Hannah E Schrodt

r's Birthplace Gettysburg

Name of Father John H Conklin

's Occupation Labor

's Birthplace Baltimore city

of Medical Attendant, or other Person who makes this Return. Mrs Knight

ns Canton Baltimore County

ks

31031

HEALTH DEPARTMENT
MAY 20 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 May 1879
4. *Place of Birth (Street and Number)* 76 President
5. *Full Name of Mother* Kath. Baschicalope
6. *Mother's Maiden Name* Lempocote
7. *Mother's Birthplace* Italia
8. *Full Name of Father* Herman Baschicalope
9. *Father's Occupation* Musician
10. *Father's Birthplace* Italia

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Vasper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT.
MAY
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	Mul
3. Date of Birth	May 15th
4. Place of Birth (Street and Number)	Dover Street
5. Full Name of Mother	Fridrichea James
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Fridrich Saunder
9. Father's Occupation	farmer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Schleifer M
Address	99 South Howard
Remarks	

31033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART MAY 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 15th 1879
4. Place of Birth (Street and Number) 132 E. Eager
5. Full Name of Mother Mary Helrault
6. Mother's Maiden Name Mary Kahlheimer
7. Mother's Birthplace Baltimore
8. Full Name of Father H. F. Helrault
9. Father's Occupation Cabinet maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No. 82 E. Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15th 1879
4. *Place of Birth (Street and Number)* 8 Bond St
5. *Full Name of Mother* Elisabeth Eurich
6. *Mother's Maiden Name* " " Bischoff
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Eurich
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louise Kraft

Address 236 Carlton av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART. MAY 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 15th 1879
4. Place of Birth (Street and Number)	Parrish st No 15 Baltimore
5. Full Name of Mother	Amelia Ronell
6. Mother's Maiden Name	Annie Shipley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjamin F Shipley
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Faulmann
Address	293 Ramsay st B C
Remarks	

91036

RETURN OF A BIRTH.

HEALTH DEPART. MAY 21 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15th 1879
4. *Place of Birth (Street and Number)* Baltimore Gilmor st No 13
5. *Full Name of Mother* Elizabeth Schwartz
6. *Mother's Maiden Name* Elizabeth Sist
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrich Schwartz
9. *Father's Occupation* Flour Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs S Fruchtnicht

Address 293 Ramsy st Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 16 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 15th 1879
4. *Place of Birth* (Street and Number)	No. 155 N. Fulton Av.
5. *Full Name of Mother*	Mrs. Ida Mary De Bree
6. *Mother's Maiden Name*	Harlan
7. *Mother's Birthplace*	West Port: Missouri
8. *Full Name of Father*	Nathan De Bree
9. *Father's Occupation*	Supt. West: Union Telegraph Office
10. *Father's Birthplace*	Philadelphia. Pa.
Name of Medical Attendant, or other Person who makes this Return.	Wm. W. Murray M.D.
Address	No. 8 N. Carey St.
Remarks	

31038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 "

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15th 1879
4. *Place of Birth (Street and Number)* 5 St Carey St
5. *Full Name of Mother* Matilda Forbes
6. *Mother's Maiden Name* Matilda Weems
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* S H. Forbes
9. *Father's Occupation* Ship Owner
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. G W. Miltenberger

Address 121 Williamson 200

Remarks Still Born at 7½ Mos.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31039

MAY 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15. 1879
4. *Place of Birth (Street and Number)* 43 Somerset. Baltimore
5. *Full Name of Mother* Mary E Eller
6. *Mother's Maiden Name* Mary Craig
7. *Mother's Birthplace* Tobacco st. bet Dorchester
8. *Full Name of Father* Peter Eller
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31040

HEALTH DEPART. MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15th 1879
4. Place of Birth (Street and Number)	Whatcoat St No. 3
5. Full Name of Mother	Mary E. Fauth
6. Mother's Maiden Name	Mary E. Ubert
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Fauth
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. G. Spanow M. D.
Address	N. Sticker St No 427
Remarks	Child healthy

31041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Malle
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 15 of Mai
4. *Place of Birth (Street and Number)* No 66 Harrison St
5. *Full Name of Mother* Jso Ball, Jacoby
6. *Mother's Maiden Name* Jso Bal. Buckner.
7. *Mother's Birthplace* Lenkland
8. *Full Name of Father* Louis Buckner
9. *Father's Occupation* Besnes
10. *Father's Birthplace* Bashen

Name of Medical Attendant, or other Person who makes this Return.

Address Mes Lauer

Remarks ~~173~~ 173 Hasleserm.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31042

HEALTH DEPARTMENT JUN 4 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 15th 1879
4. *Place of Birth (Street and Number)* No 272 Hanover St
5. *Full Name of Mother* Mary Vanbill
6. *Mother's Maiden Name* " Applegrath
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Harry Vanbill
9. *Father's Occupation* Butter Dealer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm G A Lewis

Address 162 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31011-3

HEALTH DEPARTMENT
JUN 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Mary E. Albaugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 15th 1879
4. *Place of Birth (Street and Number)*	No 202 Barre St
5. *Full Name of Mother*	Mary Rose Albaugh
6. *Mother's Maiden Name*	" " (Linthicum) Linthicum
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	George A Albaugh
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Wm E A Lewis
Address	162 Hanover St
Remarks	

31044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 16th 1879
4. *Place of Birth (Street and Number)* 79 Goodman Ally
5. *Full Name of Mother* Maria Hardenstein
6. *Mother's Maiden Name* " " Kinder
7. *Mother's Birthplace* of America
8. *Full Name of Father* Joseph Hardenstein
9. *Father's Occupation*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katherina Münch

Address No 8 Ledenhall St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31044

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 7 t

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Mai 16. 1879
4. Place of Birth (Street and Number) O. Jeffersonstr No 261
5. Full Name of Mother Wilhelmine Kutschenreuter
6. Mother's Maiden Name Baumann
7. Mother's Birthplace Dernheim Bayern
8. Full Name of Father Andreas Kutschenreuter
9. Father's Occupation Salonkeeper
10. Father's Birthplace Bjrnbaum, Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Bousach

Address South Wolfstr No 28

Remarks Midwife

31046

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 May 1879
4. *Place of Birth (Street and Number)* 41 Carolina St
5. *Full Name of Mother* Kath. Montgomery
6. *Mother's Maiden Name* Clive
7. *Mother's Birthplace* U S
8. *Full Name of Father* Robert Montgomery
9. *Father's Occupation* Hack Driver
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART. MAY 20 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 16 1879
4. *Place of Birth (Street and Number)* 258 n. Bond str.
5. *Full Name of Mother* Bauline Bedermann
6. *Mother's Maiden Name* Bauline Pfizenmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Max Bedermann
9. *Father's Occupation* Salon Halter
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bond str.

Remarks

RETURN OF A BIRTH.

31048

HEALTH DEPARTMENT
MAY
20
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th May 1879
4. *Place of Birth (Street and Number)* No 423 Stricker St.
5. *Full Name of Mother* Louisa Thabl
6. *Mother's Maiden Name* Louisa Babler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Thabl
9. *Father's Occupation* ~~Clerk~~ Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hagarmus

Address Druid St. No 70

Remarks

31049

RETURN OF A BIRTH.

HEALTH DEPART MAY 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

hild of Mother (state whether 1st, 2d, 3d, &c.)	11d
ate whether Male or Female)	female
r Color (if not of the white race)	white race
f Birth	May the 16th
of Birth (Street and Number)	Baltimore William St 253
ame of Mother	Elen Jones
's Maiden Name	Elen Stearling
's Birthplace	Baltimore
ame of Father	John Jones
s Occupation	Labor
s Birthplace	Baltimore
of Medical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
s	fort St No 72
ks	

31050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 16th 1879
4. Place of Birth (Street and Number) No 224 Chestnut st
5. Full Name of Mother Annie Lee
6. Mother's Maiden Name Annie Hurvall
7. Mother's Birthplace Baltimore
8. Full Name of Father John Lee
9. Father's Occupation Hoop maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Killegeis

Address 181 E Monument st.

Remarks

RETURN OF A BIRTH.

21051

HEALTH DEPARTMENT MAY 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16th 1879.
4. *Place of Birth (Street and Number)* 2331 Broadway
5. *Full Name of Mother* Isabel Rothert
6. *Mother's Maiden Name* " Steigleman
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* J Herman Rothert
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. D W Cathell M.D.

Address 2 W Broadway.

Remarks

31052

HEALTH DEPARTMENT
MAY 17 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16. 1879
4. *Place of Birth (Street and Number)* 495 Light st Baltimore
5. *Full Name of Mother* J. M. Wierplein
6. *Mother's Maiden Name* " " Marshall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* L. A. Wierplein
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether *Male* or ~~*Female*~~)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 16th 1879
4. *Place of Birth* (Street and Number)	# 7 South Eden St
5. *Full Name of Mother*	Maggie V Carroll
6. *Mother's Maiden Name*	" " Keenan
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	James J Carroll
9. *Father's Occupation*	Marble Cutter
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	H E Hooks M D
Address	241 E Baltimore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

310 3 11

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16. 1879
4. *Place of Birth (Street and Number)* # 241 N. Bond St.
5. *Full Name of Mother* Rebecca L. Sommer
6. *Mother's Maiden Name* " Hall
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Chas. Edward Sommer
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Lancaster Pa.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address # 305 N. Caroline St.

Remarks

31055

HEALTH DEPART MAY 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 16th 1879.
4. Place of Birth (Street and Number) No. 38 Brune St.
5. Full Name of Mother Josephine Hewes
6. Mother's Maiden Name Josephine Jaynes
7. Mother's Birthplace Lawrence Co. Ohio.
8. Full Name of Father Charles A. Hewes
9. Father's Occupation Carpenter
10. Father's Birthplace Clarksburg W. Va.

Name of Medical Attendant, or other Person who makes this Return. J. Tyler Smith M.D.

Address 361 Franklin St.

Remarks Breech Presentation - Suspended animation - Normal respiration brought about by prompt and active restorative measures -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31056

RETURN OF A BIRTH.

HEALTH DEPAR
MAY
21
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 16. of. May
4. *Place of Birth (Street and Number)* 254 Colombia St.
5. *Full Name of Mother* Elisabetha Bay
6. *Mother's Maiden Name* Elisabethe Arenz.
7. *Mother's Birthplace* Mardorf.
8. *Full Name of Father* John Arenz from Marburg. Hessen.
9. *Father's Occupation* Schoe. Maker.
10. *Father's Birthplace* Marburg Hessen.

Name of Medical Attendant, or other Person who makes this Return.

Address Catherine Seeback, 439 W. Pratt Street, Baltimore.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31057
HEALTH DEPARTMENT
MAY 17 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 16 1879
4. *Place of Birth (Street and Number)*	6 Hamburg st Baltimore
5. *Full Name of Mother*	Annie Fisher
6. *Mother's Maiden Name*	Annie Gardner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James Fisher
9. *Father's Occupation*	Caulker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Nash
Address	
Remarks	

31058

HEALTH DEPART
MAY 19 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16 of May 1879
4. Place of Birth (Street and Number) 411 East Fajette street
5. Full Name of Mother Barbra Esterman
6. Mother's Maiden Name Barbra Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Miller
9. Father's Occupation Shipcarpender
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kimbel

Address 71 North Chappel st per Justina Kimbel

Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 16, 1879.
4. *Place of Birth (Street and Number)* John St. No. 282.
5. *Full Name of Mother* Theresia Behrenz
6. *Mother's Maiden Name* Theresia Schubert
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann Behrenz
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Bremen for. St. Bremen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

31060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* May 16th 1879
4. *Place of Birth (Street and Number)* Holland Street # 24
5. *Full Name of Mother* Mary Kohler
6. *Mother's Maiden Name* Mertl
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* George Kohler
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Chas R Nelly

Address 49 Holland St.

Remarks

31061

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 16th 1879

4. Place of Birth (Street and Number) 221 Boston St

5. Full Name of Mother Mary Ellen Malone

6. Mother's Maiden Name Kelly

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Francis James Malone

9. Father's Occupation Stevedore

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams Md

Address 17 Raliment St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31062

HEALTH DEPARTMENT
JUN 4 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16th of May.
4. *Place of Birth (Street and Number)* 87 Oak St.
5. *Full Name of Mother* Rachael Klein
6. *Mother's Maiden Name* Swick.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Klein
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 319 Cathedral St.

Remarks

RETURN OF A BIRTH.

31063

DEPAR
MAY
24
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 16th 1879
4. *Place of Birth (Street and Number)*	67 Hoffman st.
5. *Full Name of Mother*	Henrietta L. Grienisch
6. *Mother's Maiden Name*	Munder
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Frederick Grienisch
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

310614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	white.
3. Date of Birth	d. 16. Mai 1879.
4. Place of Birth (Street and Number)	Baltimore County.
5. Full Name of Mother	Louise Dickens.
6. Mother's Maiden Name	Throp.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johann Dickens
9. Father's Occupation	Tyler.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Anna Steinmen.
Address	C. Donnell St. 21
Remarks	

31065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY 24 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) [redacted] Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 16. 1879
4. Place of Birth (Street and Number) No. 56 Cor McHenry & Hanson sts
5. Full Name of Mother Anna Wilhelm
6. Mother's Maiden Name Anna Rteule
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Wilhelm
9. Father's Occupation Grocer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katherine Gall

Address No 57. Bambatoe St

Remarks

...y physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31066

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Mai 16. 1879

4. Place of Birth (Street and Number) Bank str No 196

5. Full Name of Mother Maria Dinnisch

6. Mother's Maiden Name Dyre

7. Mother's Birthplace Grulle Eierland

8. Full Name of Father Dewith Dinnisch

9. Father's Occupation Barber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baugach

Address S. Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16th 1879
4. *Place of Birth (Street and Number)* 716. E. Corner Hillen & Front Sts
5. *Full Name of Mother* Jane Booth
6. *Mother's Maiden Name* " Carty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Booth
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Saml J Bell, M.D

Address 134 N. Eutaw St

Remarks

RETURN OF A BIRTH.

31068

MAY 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born ite or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 15, 1879
4. Place of Birth (Street and Number)	6 Hamburg st.
5. Full Name of Mother	Annie J. Fisher
6. Mother's Maiden Name	Annie Gardiner
7. Mother's Birthplace	B. City
8. Full Name of Father	James Fisher
9 Father's Occupation	Caulker.
10. Father's Birthplace	B. City
Name of Medical Attendant or other Person who makes this Return.	Harry Dill M.D.
Address	117 Edmondson Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21069

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1879
4. Place of Birth (Street and Number)	352 E. Lombard st.
5. Full Name of Mother	Margarrett A. Paff.
6. Mother's Maiden Name	Margarett A. Shannessy
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	Louis Paff
9. Father's Occupation	Truck Driver
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	John A. Conner
Address	14 Asquith st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31070

RETURN OF A BIRTH.

DEPAR
MAY
24
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1879
4. Place of Birth (Street and Number)	9 Russell St.
5. Full Name of Mother	Mary E. Simms
6. Mother's Maiden Name	Swann
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jos L. Simms
9. Father's Occupation	Store dealer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre
Remarks	

RETURN OF A BIRTH.

31071

HEALTH DEPART MAY 20 1879 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 May 1879
4. *Place of Birth (Street and Number)* 7 Duncan Alley
5. *Full Name of Mother* Christina Kiesner
6. *Mother's Maiden Name* Cottrell
7. *Mother's Birthplace* U S
8. *Full Name of Father* Herman Kiesner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31072

HEALTH DEPART
MAY
20
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 Mar 89
4. *Place of Birth (Street and Number)* 21 Eastland St
5. *Full Name of Mother* Caroline Kaiser
6. *Mother's Maiden Name* Bans
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Kaiser
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Lange

Address 52 E Eastland St

Remarks

31073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPAR
MAY
20
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Coloured
3. Date of Birth May 17th 1879
4. Place of Birth (Street and Number) Baltimore Dover st 21 S.
5. Full Name of Mother Martha Williams
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Francis Granby

Address

Remarks

RETURN OF A BIRTH.

3107/11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 20 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th & 11th

1. *Sex (state whether male or female)* Twins Females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17th
4. *Place of Birth (Street and Number)* No 33 Randall Street
5. *Full Name of Mother* Mary Poiner
6. *Mother's Maiden Name* Mary Delany
7. *Mother's Birthplace* North Carolina
8. *Full Name of Father* Elijah D Poiner
9. *Father's Occupation* Steam Boat Pilot
10. *Father's Birthplace* Moorehead city N. Carolina

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address

Remarks all doing well

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* D. May the 17 1879
4. *Place of Birth (Street and Number)* No 10 Carlinton Avenue
5. *Full Name of Mother* Emily C. Bufter
6. *Mother's Maiden Name* Emily C Louinenslaker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward W. Bufter
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Pencelvania

Name of Medical Attendant, or other Person who makes this Return. Ann Emily Ball

Address No 171 South Chester st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31076

HEALTH DEPART. MAY 22 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male

2. *[redacted] Color (if not of the white race)*

3. *Date of Birth* 17 May 1879

4. *Place of Birth (Street and Number)* 21 Bevan st.

5. *Full Name of Mother* Mary Boucher

6. *Mother's Maiden Name* " Reblein's

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Bernard Boucher

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 928 South Sharp st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 17th 1879
4. *Place of Birth (Street and Number)*	12 327 Cross st
5. *Full Name of Mother*	Elise Blassen
6. *Mother's Maiden Name*	Fersch
7. *Mother's Birthplace*	Amerika
8. *Full Name of Father*	Adolph Blassen
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaseker midwife
Address	330 Hanover st.
Remarks	

HEALTH DEPT. 23 1879 BALTIMORE

31078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Brownskin
3. Date of Birth Friday May 17 th 1879
4. Place of Birth (Street and Number) Ch alley No 1
5. Full Name of Mother Gallery Lee
6. Mother's Maiden Name Gracy Lee
7. Mother's Birthplace Annandle County
8. Full Name of Father Joseph Brown
9. Father's Occupation Sailor
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Rosetter Galway

Address Reese Court Court

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

31079

HEALTH DEPARTMENT
MAY 21 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th May 1879
4. *Place of Birth (Street and Number)* Baltimore Damst. N. 28
5. *Full Name of Mother* Annie Blasch
6. *Mother's Maiden Name* Annie Butre
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Tomas. Blasch
9. *Father's Occupation* shoemaker
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 67 Washington st.

Remarks M. Koptish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31080

HEALTH DEPT. MAY 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 14 of may 1879
4. *Place of Birth (Street and Number)* No 1 harmony leane
5. *Full Name of Mother* Benenis Kirtis parker
6. *Mother's Maiden Name* Benenis parker
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* James Kirtis
9. *Father's Occupation* a dray man
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

RETURN OF A BIRTH.

31081

HEALTH DEPAR
MAY
19
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 17th 1879
4. *Place of Birth (Street and Number)* No 85 Sharp st
5. *Full Name of Mother* Liar Robison
6. *Mother's Maiden Name* Robison
7. *Mother's Birthplace* Russia
8. *Full Name of Father* Geo Robison
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. J. Lohmann midwife

Address 330 Hanover st

Remarks

31082
31083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twins

1. *Sex (state whether male or female)* Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 May
4. *Place of Birth (Street and Number)* 71 Greenmount av.
5. *Full Name of Mother* Barbara Burk
6. *Mother's Maiden Name* " Boon
7. *Mother's Birthplace* Howard co.
8. *Full Name of Father* Edward Burk
9. *Father's Occupation* Brakeman
10. *Father's Birthplace* Pensilvania

Name of Medical Attendant, or other Person who makes this Return. May A. Butts

Address 185 Central Av

Remarks All well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

310811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 17, 1879
4. *Place of Birth (Street and Number)* 74 N Balt st
5. *Full Name of Mother* Mary F Lewis
6. *Mother's Maiden Name* Mary F Coulbourn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John R Lewis
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Wm Hammond

Address 64 N Paca St Balto

Remarks Difficult Labor assisted by forceps

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31083

HEALTH DEPT. JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	17th of May.
4. *Place of Birth (Street and Number)*	94 Richmond St.
5. *Full Name of Mother*	Emma George.
6. *Mother's Maiden Name*	Hamilton
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wilbur George.
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Legg.
Address	369 Cathedral St.
Remarks	

31086

HEALTH DEPT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) W

3. Date of Birth May 17 79

4. Place of Birth (Street and Number) No 291 Franklin "

5. Full Name of Mother Annie B Jones

6. Mother's Maiden Name Annie Bingham

7. Mother's Birthplace Balto

8. Full Name of Father Jas F Jones

9. Father's Occupation artist

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. J H Tuttle M D

Address 23 Franklin "

Remarks "

31087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	17th May
4. Place of Birth (Street and Number)	70 William
5. Full Name of Mother	Sarah Barley
6. Mother's Maiden Name	" Pearson
7. Mother's Birthplace	Balt.
8. Full Name of Father	Levin Barley
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster MD
Address	57 Barre
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21088

HEALTH BUREAU JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 17th
4. *Place of Birth* (Street and Number) 246 Mulberry St
5. *Full Name of Mother* Emma Kraft Phelps
6. *Mother's Maiden Name* Emma Kraft
7. *Mother's Birthplace* Md
8. *Full Name of Father* John A Phelps
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. J G Keller MD

Address 87 N Greene St

Remarks

31089

RETURN OF A BIRTH.

HEALTH DEPART. MAY 20 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 N. Eden Str.
4. *Place of Birth (Street and Number)* May 18 th 1879
5. *Full Name of Mother* Malle Jonson
6. *Mother's Maiden Name* Malle Chaklins
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Alinar Janson
9. *Father's Occupation* Painder
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Str

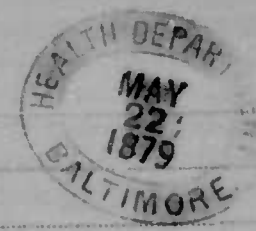
Remarks

RETURN OF A BIRTH.

310 90

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12t

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 18th 1879
4. Place of Birth (Street and Number) No 1102½ Pierce street
5. Full Name of Mother Matilda Jane Woolford
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Ford Allen
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ellen Stubbs 42 Sharp & Stout Alley

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31091

HEALTH DEPARTMENT
MAY 30 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth May th 18
4. Place of Birth (Street and Number) Mozeland No 26 Jersey St
5. Full Name of Mother Corra Thomis
6. Mother's Maiden Name "
7. Mother's Birthplace Kent County M D
8. Full Name of Father Thon Rolixes
9. Father's Occupation Labor
10. Father's Birthplace verginia

Name of Medical Attendant, or other Person who makes this Return. Rehel Doram

Address No 265 Mount Jomery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 31 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 18th 1879
4. *Place of Birth (Street and Number)* No. 25 Ryan st. Baltimore.
5. *Full Name of Mother* Susana Ashton
6. *Mother's Maiden Name* Susana Bell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Ashton
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Philiadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Mercer

Address No. 136 Mc Henry st. Baltimore M. D.

Remarks

31093

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 18 1879
4. *Place of Birth (Street and Number)* 2 dow dunken alley
5. *Full Name of Mother* bank anna conroy
6. *Mother's Maiden Name* anna stanten
7. *Mother's Birthplace* ireland
8. *Full Name of Father* peter conroy
9. *Father's Occupation* laborer
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicanna St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31094

HEALTH DEPARTMENT
MAY 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 May
4. Place of Birth (Street and Number)	278 Front St
5. Full Name of Mother	Sarah McGraw
6. Mother's Maiden Name	Connoly
7. Mother's Birthplace	Ireland
8. Full Name of Father	James McGraw
9. Father's Occupation	Express Wagon
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31095

HEALTH DEPAR
MAY 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* 18th May 1879
4. *Place of Birth (Street and Number)* Baltimore. bor Fayette on Washington No 402
5. *Full Name of Mother* Carolina Raum
6. *Mother's Maiden Name* Carolina Rettore
7. *Mother's Birthplace* Germany
8. *Full Name of Father* J. C. Raum
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69 Washington ste

Remarks M. Koptish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31096

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1879
4. Place of Birth (Street and Number)	52. Penna. Ave.
5. Full Name of Mother	Mary Hulse
6. Mother's Maiden Name	Sleet
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jas. H. Hulse
9. Father's Occupation	Dyer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth the 18th May
4. Place of Birth (Street and Number) No 272 Central ave
5. Full Name of Mother Theresa J. Bruchmier
6. Mother's Maiden Name Theresa Solbach
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Solbach
9. Father's Occupation Lieferer Mann
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks 177 Hopkins ave 1871

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth May 18 1879
4. Place of Birth (Street and Number) 274 Argyle Avenue
5. Full Name of Mother Alice Jones
6. Mother's Maiden Name " Dixon
7. Mother's Birthplace Balt City
8. Full Name of Father Thos E Jones
9. Father's Occupation Carpenter
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. Martin Brewer

Address 88 McCulloh Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31099

BIRTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 18th 1879
4. *Place of Birth (Street and Number)* No 23 Bradford alley
5. *Full Name of Mother* Louisa Thomas
6. *Mother's Maiden Name* " Emmory
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm. Thomas
9. *Father's Occupation* Boat Builder
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton ave

Remarks

RETURN OF A BIRTH.

~~31110~~ 31100

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Weiblich
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 Mai
4. *Place of Birth (Street and Number)* 58 St Peter St
5. *Full Name of Mother* Marie Wellmer
6. *Mother's Maiden Name* Marie Voss
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Wilhelm Wellmer
9. *Father's Occupation* Schlosser
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Katharina Munch

Address 8 Leadenhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1879
4. Place of Birth (Street and Number)	88 Parkin st
5. Full Name of Mother	Lolla Mills
6. Mother's Maiden Name	Lolla Clements
7. Mother's Birthplace	Virginia
8. Full Name of Father	Philip Mills
9. Father's Occupation	Painter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M. D.
Address	
Remarks	

31102

RETURN OF A BIRTH.

DEPAR
MAY
24
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 one

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 18th 1879
4. *Place of Birth (Street and Number)* 118 Cross St.
5. *Full Name of Mother* Mary Elizth Garaty
6. *Mother's Maiden Name* Gilbert
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* James Garaty
9. *Father's Occupation* Dairyman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address Hanover & Barre Sts

Remarks

31103

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth May 19th 79
4. Place of Birth (Street and Number) 125 Hollins St.
5. Full Name of Mother Mary E. Hood
6. Mother's Maiden Name Mary E. Evans.
7. Mother's Birthplace Balto City.
8. Full Name of Father Joshua Hood Jr.
9. Father's Occupation Collector.
10. Father's Birthplace Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Skrozed Ld

Address " City

Remarks Premature Labor, at the 7th Month.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3110 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART. MAY 22 1879 BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Monday May the 19th 1879
4. *Place of Birth (Street and Number)* 93 Church Street Balto
5. *Full Name of Mother* Mrs Nellie White
6. *Mother's Maiden Name* Mrs Scott
7. *Mother's Birthplace* Colbert County
8. *Full Name of Father* David Scott
9. *Father's Occupation* fireman on a Steam boat
10. *Father's Birthplace* Caulbert County

Name of Medical Attendant, or other Person who makes this Return. Mr Griffen

Address

Remarks

31105

HEALTH DEPARTMENT
MAY 22 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. ~~*Race or Color (if not*~~ *of the white race)*	
3. *Date of Birth*	May 19th 1879
4. *Place of Birth (Street and Number)*	27 McHenry St.
5. *Full Name of Mother*	Laura Dubrieuil
6. *Mother's Maiden Name*	" Brunner
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Armand Dubrieuil
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	France
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 South Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 19th 1879
4. *Place of Birth (Street and Number)* No 4 Laford st
5. *Full Name of Mother* Laura Vogel
6. *Mother's Maiden Name* Willie
7. *Mother's Birthplace* America
8. *Full Name of Father* Louis Vogel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Over 31107

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE

Name: David Franklin Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17 1879
4. *Place of Birth (Street and Number)* Cross st
5. *Full Name of Mother* Kate Jones
6. *Mother's Maiden Name* " Kensel
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Walter Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31108

HEALTH DEPAR
MAY 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 19 1879
4. *Place of Birth (Street and Number)* 32 cannon St
5. *Full Name of Mother* leana marchel
6. *Mother's Maiden Name* leana link
7. *Mother's Birthplace* germany
8. *Full Name of Father* [illegible] marchel
9. *Father's Occupation* tales
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 aliceanna st

Remarks [illegible] birth caus not [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3110 9

HEALTH DEPAR
MAY
21
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 19th 1879.
4. *Place of Birth (Street and Number)* 426 Madison Avenue.
5. *Full Name of Mother* Gertrude Hyne Bailey.
6. *Mother's Maiden Name* Gertrude Hyne Minifie.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Jackson Brown Bailey.
9. *Father's Occupation* Pharmaceutist.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. W. H. Carr M.D.

Address No. 16 N. Liberty Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31110

RETURN OF A BIRTH.

BIRTH DEPAR
MAY
19
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Colored

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colred
3. *Date of Birth* 19 May
4. *Place of Birth (Street and Number)* Nor 6 Gardens Court
5. *Full Name of Mother* Jane Bazel
6. *Mother's Maiden Name* Jane Banks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nace Bazil
9. *Father's Occupation* Miller
10. *Father's Birthplace* New market

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Susan Butler

Remarks Rohpsalk Alley

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31111

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 19th 1879
4. *Place of Birth (Street and Number)*	354 Lisquith st
5. *Full Name of Mother*	Sarah Blair
6. *Mother's Maiden Name*	" Abrams
7. *Mother's Birthplace*	England
8. *Full Name of Father*	Montague Blair
9. *Father's Occupation*	Clerk at Rail Road
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	2 N Broadway
Remarks	

31112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th May 1879
4. *Place of Birth (Street and Number)* 177 W Avenue
5. *Full Name of Mother* Mary E. Olier
6. *Mother's Maiden Name* " " Brasheau
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Robert A Olier
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Augustus W. Dodgens

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19 1877
4. *Place of Birth (Street and Number)* 324 Light St Ln
5. *Full Name of Mother* Anne E Riley
6. *Mother's Maiden Name* Anne E Wells
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander Riley
9. *Father's Occupation* Dealer in Paints
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Hammond MD

Address 64 St Paca St Balto

Remarks Natural Labor

311114

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	color
3. *Date of Birth*	May 18 1899
4. *Place of Birth (Street and Number)*	1 Worne St
5. *Full Name of Mother*	Emmer turner
6. *Mother's Maiden Name*	Emmer Willias
7. *Mother's Birthplace*	Westrive
8. *Full Name of Father*	John turner
9. *Father's Occupation*	Brick Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Aberrila Braoks
Address	210 Worne st cross and West
Remarks	Emmer turnk

JUN 4 1899

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31113

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19th of May
4. *Place of Birth (Street and Number)* Federal St. 19 N
5. *Full Name of Mother* Annie Butlerbaugh
6. *Mother's Maiden Name* Simmons
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Butlerbaugh
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Easley

Address 369 Cathedral St.

Remarks

RETURN OF A BIRTH.

31116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 19th
4. Place of Birth (Street and Number)	138 St Paul St.
5. Full Name of Mother	Lucy B. Hopkins
6. Mother's Maiden Name	Braxton
7. Mother's Birthplace	Virginia
8. Full Name of Father	Lewis M. Hopkins
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Augustus Buckler
Address	135 St Paul
Remarks	

JUN 11 1879

RETURN OF A BIRTH.

31117

JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 19th 1879
4. *Place of Birth (Street and Number)* 531 E Fayette st
5. *Full Name of Mother* Mary Fossele
6. *Mother's Maiden Name* Powers
7. *Mother's Birthplace* City
8. *Full Name of Father* Uriah Fossele
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 245 Canton Ave

Remarks

31118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7) Seventh

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of May
4. *Place of Birth (Street and Number)* 98. S. Charles
5. *Full Name of Mother* Minna Schaub
6. *Mother's Maiden Name* Elizabeth Wiegleb
7. *Mother's Birthplace* Nägelstadt Prussia
8. *Full Name of Father* Hermann Schaub
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Sachsa Prussia

Name of Medical Attendant, or other Person who makes this Return. Cath: Münch

Address No. 8. Little Leaderhall Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31119

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth May 19th 1879.
4. Place of Birth (Street and Number) 47 N. Wolfe St.
5. Full Name of Mother Barbara Stein
6. Mother's Maiden Name " Bosy
7. Mother's Birthplace Baltimore.
8. Full Name of Father Phillip Stein.
9. Father's Occupation Wheelright
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Aug. F. Erich M.D.

Address 94 S. Broadway.

Remarks

31120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 14th
4. *Place of Birth (Street and Number)* Baltimore No 260 Bryant
5. *Full Name of Mother* Mary Owens
6. *Mother's Maiden Name* " Dyson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edwin Owens
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Wilson
Address 988 Cross St
Remarks

31121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard

3. Date of Birth Born May 19 [illegible] st No 90

4. Place of Birth (Street and Number) Born Stockholland st No 90

5. Full Name of Mother Maggie Bowen

6. Mother's Maiden Name " Snowder

7. Mother's Birthplace Calvert County

8. Full Name of Father Edward Bowen

9. Father's Occupation Store

10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Aurelius Wilson

Address 388 Cross st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 19. 1879.
4. *Place of Birth (Street and Number)* Mulliken St. No 122.
5. *Full Name of Mother* Friederike A. Wudell
6. *Mother's Maiden Name* Friederike A. Walschen
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Wudell
9. *Father's Occupation* Boxmaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 31123

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 19 1879
4. Place of Birth (Street and Number)	No 280 McDonogh St.
5. Full Name of Mother	Sarah E Washburn
6. Mother's Maiden Name	Sarah E Green
7. Mother's Birthplace	New Jersey
8. Full Name of Father	John D Washburn
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Allwell
Address	286 McDonogh st
Remarks	The Child has not been named as yet

RETURN OF A BIRTH.

311211

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th May 1879
4. Place of Birth (Street and Number)	697 W. Lombard St.
5. Full Name of Mother	Margaret Virginia Apsley
6. Mother's Maiden Name	M. V. Bratt
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Reed Apsley
9. Father's Occupation	Sea Captain
10. Father's Birthplace	Kent County Md
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill M.D.
Address	1432 W. Fayette St.
Remarks	Balto Md

31125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st and 2d

1. *Sex (state whether male or female)* Females - Twins
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19th 1879
4. *Place of Birth (Street and Number)* 64 N. Chester
5. *Full Name of Mother* Sarah E. Baynes
6. *Mother's Maiden Name* Sarah E. Seymour
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm. W. Baynes
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* Wilmington Del.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins Mt.

Address J. V. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31126

MAY 29 1879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3 child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 19 of May
4. Place of Birth (Street and Number) No 255 Saes St
5. Full Name of Mother Anna Gant
6. Mother's Maiden Name Anna Kobe
7. Mother's Birthplace Baltimore
8. Full Name of Father F. Justin Kobe
9. Father's Occupation Tailor
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Sauer.

Remarks 172 Harper ave 1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 26
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 May
4. *Place of Birth (Street and Number)* 358 Durham
5. *Full Name of Mother* Margarette Schisler
6. *Mother's Maiden Name* Ewabel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Schissler
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Jones

Address No 70 Granby Street

Remarks

31128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART. MAY 22 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 20th 1879
4. *Place of Birth (Street and Number)* No- 185 Vine Street
5. *Full Name of Mother* Amilea Thomas
6. *Mother's Maiden Name* ~~Baltimore Md~~ Amilea Griffin
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Hiram. Thomas
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

31129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 21st 1879.

HEALTH DEPARTMENT MAY 23 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth May 20th 1879.
4. Place of Birth (Street and Number) 134 Chappell St.
5. Full Name of Mother Maggie Schaefer.
6. Mother's Maiden Name Maggie Steurr.
7. Mother's Birthplace ~~Michael Schaefer~~ Germany
8. Full Name of Father Michael Schaefer
9. Father's Occupation Schoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 137 South Wolfe St.

Remarks 11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth (10th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1879.
4. Place of Birth (Street and Number)	429. W Central Avenue
5. Full Name of Mother	Maria Klemm
6. Mother's Maiden Name	Tobold
7. Mother's Birthplace	Germany
8. Full Name of Father	Felix Klemm
9. Father's Occupation	Lithographer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	S. W. Seldner M.D.
Address	S.E. Cor Eager & Carolina Streets
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

31131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 20 — 1879
4. Place of Birth (Street and Number) Stockholm st between Sharp & Howard
5. Full Name of Mother Anna Kipp
6. Mother's Maiden Name Carnahl
7. Mother's Birthplace Germany.
8. Full Name of Father Friedrich Kipp
9. Father's Occupation Laborer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks House without Number

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 20th 1879
4. *Place of Birth (Street and Number)* 56 Martins alley
5. *Full Name of Mother* Emily Filghman
6. *Mother's Maiden Name* Levin "
7. *Mother's Birthplace* Anne Arundel Co
8. *Full Name of Father* Levin Filghman
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return. Levin Filghman

Address 56 Martins alley

Remarks No Medical attendant, but the child was delivered by its Grandmother

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27, 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	May 20th 1879.
4. *Place of Birth (Street and Number)*	539 N. Stricker St.
5. *Full Name of Mother*	Mary Stuart
6. *Mother's Maiden Name*	Gettier
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	James A. Stuart
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH.

311311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1tes Kind
1. Sex (state whether Male or Female)	Mädchen
2. Race or Color (if not of the white race)	Weiß
3. Date of Birth	geboren den 20ten Mai
4. Place of Birth (Street and Number)	No 203 Alexander Str
5. Full Name of Mother	Schule Hirschhorn
6. Mother's Maiden Name	Schule Wiek
7. Mother's Birthplace	Deutschland
8. Full Name of Father	Grition Hirschhorn
9. Father's Occupation	Cigarmacher
10. Father's Birthplace	Hildesheim
Name of Medical Attendant, or other Person who makes this Return.	Friederika Kaufmann
Address	No 197 S. Dallas Str
Remarks	Hemme

31135

HEALTH DEPART
MAY 21 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 May
4. Place of Birth (Street and Number)	188 Greenmount Ave
5. Full Name of Mother	Mary Hendricks
6. Mother's Maiden Name	Hanlin
7. Mother's Birthplace	East Ireland
8. Full Name of Father	Edward Hendricks
9. Father's Occupation	Engineer
10. Father's Birthplace	East Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31136

HEALTH DEPART. MAY 21 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20 May
4. *Place of Birth (Street and Number)*	33 Neighbor St
5. *Full Name of Mother*	Hannah McGarvey McCrisel
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	North Ireland
8. *Full Name of Father*	James McGarvey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	North Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Wesley J Chrissman
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21137.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) 3rd

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20th " - 79
4. *Place of Birth (Street and Number)* No. 765 West Pratt Street
5. *Full Name of Mother* Emma V. Outten
6. *Mother's Maiden Name* " " Pope
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John T. Outten
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. R. Hammond M. D.

Address N. E. Cor. Calhoun & Hollins Streets

Remarks A large and healthy Child

31138

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 20th May 1879

4. Place of Birth (Street and Number) 162 Hudson St

5. Full Name of Mother Mary McGee

6. Mother's Maiden Name Peacock

7. Mother's Birthplace Balto Co. Md.

8. Full Name of Father George McGee

9. Father's Occupation Carpenter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. E. Jones W. Evans M.D.

Address 17 Patuxent St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31139

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 20th 1879.
4. Place of Birth (Street and Number)	106 S. Caroline St.
5. Full Name of Mother	Selina Hamilton
6. Mother's Maiden Name	Selina Carre.
7. Mother's Birthplace	Isle of Guernsey.
8. Full Name of Father	Jno. D. Hamilton.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Alexandria, Va.
Name of Medical Attendant, or other Person who makes this Return.	Jno. A. Powell. M.D.
Address	227 Carroll Ave.
Remarks	Child — Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31114.0

HEALTH DEPARTMENT
JUN 3 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4th 20 of May 1879
4. *Place of Birth (Street and Number)* No 53 Dallas Place
5. *Full Name of Mother* Lizzie Mack
6. *Mother's Maiden Name* Lizzie Freeman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Wesley Mack
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Roderick Williams

Address No 70 Pleasant Place

Remarks Mother and Child doing well

31141

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male [illegible]
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born May 20
4. Place of Birth (Street and Number) Baltimore No 270 Cross St
5. Full Name of Mother Kalline Rhodes
6. Mother's Maiden Name " Whimer
7. Mother's Birthplace Calvert County
8. Full Name of Father John Henry Rhode
9. Father's Occupation Sailor
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Aneline Wilson

Address 388 Cross St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31111.2

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20th 79.
4. *Place of Birth (Street and Number)* Stricker St.
5. *Full Name of Mother* Kate Ford.
6. *Mother's Maiden Name* Kate Campbell
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* Richard Ford
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis C. B. Horn M.D.

Address

Remarks

31143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 of May
4. *Place of Birth (Street and Number)* 139 Beghetor St
5. *Full Name of Mother* Margret Peiper
6. *Mother's Maiden Name* Margret Howe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Peiper
9. *Father's Occupation* Can Cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 97 Lancaster St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

311144

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 16 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	May 26/79
4. *Place of Birth (Street and Number)*	104 E. Fdyett St.
5. *Full Name of Mother*	Amanda Waldorf.
6. *Mother's Maiden Name*	A. Haas.
7. *Mother's Birthplace*	City.
8. *Full Name of Father*	William Waldorf.
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram L. Arnold M.D.
Address	
Remarks	

RETURN OF A BIRTH.

31145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 20. 1879.
4. *Place of Birth (Street and Number)* N. Durham St. No. 54.
5. *Full Name of Mother* Eleonora Heimach
6. *Mother's Maiden Name* Eleonora Heimach
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No 26.

Remarks

31146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20 May 1879
4. *Place of Birth (Street and Number)* 57 Steill St
5. *Full Name of Mother* Lesina Kemp
6. *Mother's Maiden Name* Loke
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Kemp
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Caspe

Address 82 E Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
2
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20 May 1879
4. *Place of Birth (Street and Number)* 6 East St
5. *Full Name of Mother* Ellen Bacon
6. *Mother's Maiden Name* Lucas
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Bacon
9. *Father's Occupation* Workingman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper

Address 52 E Lombard

Remarks

31148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 20th 1879
4. *Place of Birth (Street and Number)*	18 E Lombert St.
5. *Full Name of Mother*	Mary King
6. *Mother's Maiden Name*	Gesang
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Bernhard King
9. *Father's Occupation*	Hack Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Steir
Address	151 E Pratt St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPT. MAY 29 1879 BALTIMORE

31119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether ~~Male~~ or Female)*	Wht
2. *Race or Color (if not of the white race)*	May 20th 1879
3. *Date of Birth*	No 4 Goethe "
4. *Place of Birth (Street and Number)*	Mary Weisman
5. *Full Name of Mother*	" Scheidecker
6. *Mother's Maiden Name*	Germany
7. *Mother's Birthplace*	Christian Weisman
8. *Full Name of Father*	Laborer
9. *Father's Occupation*	Germany
10. *Father's Birthplace*	H. L. Spencer MD
Name of Medical Attendant, or other Person who makes this Return.	879 W Lombard
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex (state whether Male or Female)*	Mädchen.
2. *Race or Color (if not of the white race)*	mulatto.
3. *Date of Birth*	d. 20 Mai 1879.
4. *Place of Birth (Street and Number)*	Baltimore County.
5. *Full Name of Mother*	Mathilde Schenkel.
6. *Mother's Maiden Name*	Sauer
7. *Mother's Birthplace*	Luiern,
8. *Full Name of Father*	Jacob Schenk.
9. *Father's Occupation*	Tagelöhner
10. *Father's Birthplace*	Luiern.
Name of Medical Attendant, or other Person who makes this Return.	Anna Shimmen.
Address	6 Donnell S. H.
Remarks	

31151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 22 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 1879
4. *Place of Birth (Street and Number)* 210 N Calvert St
5. *Full Name of Mother* Gay Brooke
6. *Mother's Maiden Name* Gay Williams
7. *Mother's Birthplace* Alabama
8. *Full Name of Father* Hiram L Brooke
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. G W Mittenberger

Address 121 W Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

311521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh - (11th)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Wednesday May 21st 1879
4. *Place of Birth (Street and Number)* 120 Davis St -
5. *Full Name of Mother* Amanda Haner
6. *Mother's Maiden Name* Amanda Horn
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Lyhn Haner
9. *Father's Occupation* Laborer - (Dead March 30th 1879)
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. E. G. Miller M.D.

Address 51 N Calvert St, Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore.

RETURN OF A BIRTH.

31153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 30 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth May 21st 1879
4. Place of Birth (Street and Number) No 56 Fawn St
5. Full Name of Mother Margaret Agnes Healey
6. Mother's Maiden Name Margaret Agnes Bradley
7. Mother's Birthplace County Meith Ireland
8. Full Name of Father Edward Ambrose Healey
9. Father's Occupation Collector
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W H Differderffer

Address 1 High St

Remarks

3115 14

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiss
3. Date of Birth geboren den 21 Mai
4. Place of Birth (Street and Number) No 28 Alexander Str
5. Full Name of Mother Anerlich
6. Mother's Maiden Name Maria ~~Schwab~~ Schwab
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Manly
9. Father's Occupation Holster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Rentzmann

Address No 197 S. Dallas Str

Remarks Hemme

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	21st (March) May – 1879
4. *Place of Birth (Street and Number)*	61 Gay St
5. *Full Name of Mother*	C. Alt
6. *Mother's Maiden Name*	" Silver
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Casper Alt
9. *Father's Occupation*	Broom maker
10. *Father's Birthplace*	Germantown Pa
Name of Medical Attendant, or other Person who makes this Return.	M. L. Butts
Address	185 Central Ave
Remarks	All well

Full name of child – Anna Catherina Alt

31156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st of May 1879
4. Place of Birth (Street and Number)	91 George St
5. Full Name of Mother	Louisa. C. Neeker
6. Mother's Maiden Name	Louisa. C. Drey
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jno H. Neeker
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Kingdom of Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm Gardner Hamlet
Address	21 Preston Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Failure to Report Statistics in the City of Baltimore.

31157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. **Sex** (state whether Male or Female) Female
2. **Race or Color** (if not of the white race) White
3. **Date of Birth** May 21. 1879
4. **Place of Birth** (Street and Number) 194 Division St.
5. **Full Name of Mother** Mary Anna Bottomer
6. **Mother's Maiden Name** Eschbach
7. **Mother's Birthplace** Balt. City
8. **Full Name of Father** Henry Thomas Bottomer
9. **Father's Occupation** Ladies Shoe store
10. **Father's Birthplace** Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marburg Brown M.D

Address 68 W. Eutaw Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A 31135

HEALTH DEPARTMENT
JUN
3
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female)* F.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 21. 1879
4. *Place of Birth (Street and Number)* Chas & Ann Sts
5. *Full Name of Mother* Alice Heath
6. *Mother's Maiden Name* Bishop
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Alfred Heath
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon M. D.

Address 311 N. Broadway

Remarks

31139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the 21.
4. *Place of Birth (Street and Number)* No 28 Dallas St. Baltimore Md
5. *Full Name of Mother* Lucy A Johnson
6. *Mother's Maiden Name* Lucy A Cook
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Jno W Johnson
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address No 41 McElderry St Extended

Remarks Sound and Healthy and in Good Physical Condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT MAY 24 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd " "
1. Sex (state whether Male or Female)	Male " " "
2. Race or Color (if not of the white race)	
3. Date of Birth	May 21st 1879.
4. Place of Birth (Street and Number)	Balt Md. Chester St. No 18.
5. Full Name of Mother	Emma Maynell
6. Mother's Maiden Name	Emma Gilbert
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Samuel Maynell
9. Father's Occupation	Can maker
10. Father's Birthplace	Balt Md.
Name of Medical Attendant, or other Person who makes this Return.	Margaret A Davenport.
Address	194 Gough St.
Remarks	Birth premature. The child is alive, but weak.

31161

HEALTH DEPARTMENT
MAY 29 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 21 d. 1879
4. Place of Birth (Street and Number) Harfortroth
5. Full Name of Mother Emilie Oberdoerfer
6. Mother's Maiden Name Emilie Loeblein
7. Mother's Birthplace Germane
8. Full Name of Father Georg Oberdoerfer
9. Father's Occupation Putsher
10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 1879
4. *Place of Birth (Street and Number)* No 481-483. E Monument st
5. *Full Name of Mother* E Hanzeglock
6. *Mother's Maiden Name* E Vanlel
7. *Mother's Birthplace* E Germany
8. *Full Name of Father* Justus Hanzeglock
9. *Father's Occupation* Grocery store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jerome Hillegeist

Address No 1[illegible] E Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

31164

HEALTH DEPARTMENT
MAY 26 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 21 may 1879
4. *Place of Birth (Street and Number)* hudson st 206
5. *Full Name of Mother* anne Rebecca lilly
6. *Mother's Maiden Name* anne Rebecca lebrun
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* william henry lilly
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore county

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alisdown an St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31165

RETURN OF A BIRTH.

DEPAR
MAY
24
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	mulp.
3. *Date of Birth*	d. 21 Mai 1879.
4. *Place of Birth (Street and Number)*	Canton. Corley's St. 36.
5. *Full Name of Mother*	Louise Hallfleisch.
6. *Mother's Maiden Name*	Griest
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Heinrich Hallfleisch.
9. *Father's Occupation*	Tagarbeiter
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmen.
Address	O'Donell St. 21.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 22nd 1879
4. *Place of Birth (Street and Number)* 451 Fort av.
5. *Full Name of Mother* Emma Fisher
6. *Mother's Maiden Name* Beck
7. *Mother's Birthplace* America
8. *Full Name of Father* John A Fisher
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 330 Hanover st.

Remarks

RETURN OF A BIRTH.

31167

HEALTH DEPARTMENT
MAY 27 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 22nd 1879
4. *Place of Birth (Street and Number)*	249 Jefferson St.
5. *Full Name of Mother*	Ellen Jane Hoover
6. *Mother's Maiden Name*	" " Sizer
7. *Mother's Birthplace*	Balto. Co.
8. *Full Name of Father*	George Washington Hoover
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Irons M.D.
Address	406 E. Balto. St.
Remarks	

Permanent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth May 22
4. Place of Birth (Street and Number) Maryland, Lorg St No 34
5. Full Name of Mother Lib Hamilton
6. Mother's Maiden Name
7. Mother's Birthplace Washington, D C
8. Full Name of Father L Stanton
9. Father's Occupation Waiter
10. Father's Birthplace Virginid

Name of Medical Attendant, or other Person who makes this Return. Rehb Dorsey

Address Mount Gomery St No 265

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31169

HEALTH DEPT JUN 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 22nd 1879
4. *Place of Birth (Street and Number)* No 242 Franklin St Balto Md
5. *Full Name of Mother* Mary A. Hoffmeyer
6. *Mother's Maiden Name* Mary A Hengel
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Hoffmeyer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dunda 60 Schroeder St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 22nd 1879
4. *Place of Birth (Street and Number)*	No 9 Gallaghers Court
5. *Full Name of Mother*	Sarah E. Taylor
6. *Mother's Maiden Name*	Sarah E Pritchard
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm Taylor
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Washington
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	# 171 Washington St.
Remarks	

31171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 22nd 1879
4. Place of Birth (Street and Number) 180 George St
5. Full Name of Mother Eliza ann Gempp
6. Mother's Maiden Name " " Keller
7. Mother's Birthplace Baltimore City
8. Full Name of Father Frederick W. Gempp
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J E Gibbons M.D.

Address 47 Edmondson ave

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

31172

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22nd 1879
4. Place of Birth (Street and Number)	No 26 Henrietta St
5. Full Name of Mother	Louisa Orem
6. Mother's Maiden Name	Louisa Thomas
7. Mother's Birthplace	City
8. Full Name of Father	John Orem
9. Father's Occupation	Book. Keeper
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H B Noble MD
Address	17 Warren Av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31173

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* A
2. ~~*Race or Color (if not of the*~~ *white race)*
3. *Date of Birth* May 22nd 79.
4. *Place of Birth (Street and Number)* 112 South Eutaw St
5. *Full Name of Mother* Mary Englebach
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* Hessen-Darmstadt Germany
8. *Full Name of Father* Herman Englebach
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31174

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) white.
3. Date of Birth May 22nd 1879.
4. Place of Birth (Street and Number) 166 S. Washington St.
5. Full Name of Mother Elizabeth Seward
6. Mother's Maiden Name " Luermann
7. Mother's Birthplace Germany
8. Full Name of Father Richard Seward.
9. Father's Occupation Machinist.
10. Father's Birthplace Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Aug. F. Erich M.D.

Address 94 S. Broadway

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born Wednesday May 22
4. *Place of Birth (Street and Number)* Baltimore 188 Eutaw st
5. *Full Name of Mother* Martha Spittle
6. *Mother's Maiden Name* (C) Woods
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Spittle
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 38 8 Cross st

Remarks

31176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 of May
4. *Place of Birth (Street and Number)* 110 dables St
5. *Full Name of Mother* Margret Baker
6. *Mother's Maiden Name* Margret Club
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Baker
9. *Father's Occupation* Laybore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22nd 1879
4. Place of Birth (Street and Number)	39 Hamburg St
5. Full Name of Mother	Catharine Lent
6. Mother's Maiden Name	Catherine Meehan
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Geo. E. Lent
9. Father's Occupation	Laborer
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

31178

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11 22 " 1879
4. *Place of Birth (Street and Number)* 15 Union Street
5. *Full Name of Mother* Maria Smith,
6. *Mother's Maiden Name* " " McElroy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Smith
9. *Father's Occupation*
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theresa Feigeldinger

Address No 14 Union St

Remarks

RETURN OF A BIRTH.

31179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 22nd 1879
4. *Place of Birth (Street and Number)*	No 254 Montgomery st
5. *Full Name of Mother*	Mary D Babbles
6. *Mother's Maiden Name*	Meyers
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Carl Babbles
9. *Father's Occupation*	Box maker
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster midwife
Address	330 Hanover st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Recorded by Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

31180

HEALTH DEPT. MAY 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	may 22 d
4. *Place of Birth (Street and Number)*	1754 york st
5. *Full Name of Mother*	mary l watts
6. *Mother's Maiden Name*	mary e fowler
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	james watts
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 pratt st co avenue healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 23. 1879

4. Place of Birth (Street and Number) 672 N Lombard St

5. Full Name of Mother Caroline C Costas

6. Mother's Maiden Name Caroline C Craft

7. Mother's Birthplace Balt

8. Full Name of Father John H Costas

9. Father's Occupation Carpenter

10. Father's Birthplace Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Wm Hammond M.D.

Address 64 N Paca St Balt

Remarks Natural Labor

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31182

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23rd of May
4. *Place of Birth (Street and Number)* 351 Cathedral St
5. *Full Name of Mother* Sarah Hook
6. *Mother's Maiden Name* Hopple
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John Hook
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlott Crosby

Address 369 Cathedral St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 23d 1879.
4. Place of Birth (Street and Number)	269 W. Pratt St.
5. Full Name of Mother	Anzie Rebecca Hall.
6. Mother's Maiden Name	Oneal
7. Mother's Birthplace	Frederick City Md.
8. Full Name of Father	Theodrick Bland Hall
9. Father's Occupation	Police Detective
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31184

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 23rd 1879
4. Place of Birth (Street and Number)	No 305 N. Ann Street
5. Full Name of Mother	Anna K. Bauer
6. Mother's Maiden Name	Anna K. Lockard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H Bauer
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	240 McDonogh st
Remarks	Name of Child Wm Henry Bauer

Past Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31185

RETURN OF A BIRTH.

HEALTH DEPT
MAY
29
1879
IMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May ~~23~~ 23rd. 1879
4. *Place of Birth (Street and Number)* 405 W. Mc. Henry St.
5. *Full Name of Mother* Jennie Stilling
6. *Mother's Maiden Name* Jennie Hughes
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Franklin Stilling
9. *Father's Occupation* Mercran
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. M. J. Lennan

Address No. 435 W. Mc. Henry St.

Remarks Strong Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Real Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

31156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Twice

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 of May 1879
4. *Place of Birth (Street and Number)* 114 West St.
5. *Full Name of Mother* Ema Fay
6. *Mother's Maiden Name* Ema Kraft
7. *Mother's Birthplace* Baltimor Md.
8. *Full Name of Father* William Fay
9. *Father's Occupation* Stonekutter
10. *Father's Birthplace* Baltimor Md.

Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber

Address 128 West St.

Remarks

31187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th "

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* Friday. May 23rd 1879. 745. AM.
4. *Place of Birth (Street and Number)* 506. N. Fremont St,
5. *Full Name of Mother* Mary Irwin,
6. *Mother's Maiden Name* Mary McKernan,
7. *Mother's Birthplace* Baltimore City,
8. *Full Name of Father* James Irwin,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace* Baltimore City,

Name of Medical Attendant, or other Person who makes this Return. Wm Rickert, MD.

Address 520. Penna. Avenue.

Remarks Physical condition, excellent,

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31188

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 May
4. *Place of Birth (Street and Number)* No 10 Bank St
5. *Full Name of Mother* Katheran Frautwein
6. *Mother's Maiden Name* Spring
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jakob Frautwein
9. *Father's Occupation* Varnisher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 26 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23 1879
4. Place of Birth (Street and Number)	149 N Stricker
5. Full Name of Mother	Alice V. Ruhl.
6. Mother's Maiden Name	" Walker.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Ruhl -
9. Father's Occupation	Salesman -
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hill M.D.
Address	119 Edmondson Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

31190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. May 26 1879

HEALTH DEPARTMENT MAY 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth May 24th 1879.
4. Place of Birth (Street and Number) 420 New Alicanne St
5. Full Name of Mother Lizzie Schoeberlein.
6. Mother's Maiden Name Lizzie Lentzter.
7. Mother's Birthplace Germany.
8. Full Name of Father Conrad Schoeberlein
9. Father's Occupation Provision Store
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31191

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 24th 1879
4. *Place of Birth (Street and Number)* Cor Eutaw & Biddle St (173½ W. Biddle)
5. *Full Name of Mother* Anna Lloyd Braithwaite Thomas.
6. *Mother's Maiden Name* Anna Lloyd Braithwaite
7. *Mother's Birthplace* London N. England
8. *Full Name of Father* Richard Henry Thomas
9. *Father's Occupation* Physician.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Richd Henry Thomas M.D.

Address Cor. Eutaw & Biddle St Baltimore Md.

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31192

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 24, 1879
4. Place of Birth (Street and Number) No. 117, S. Chester St.
5. Full Name of Mother Mary Richardson
6. Mother's Maiden Name Hawkins
7. Mother's Birthplace Baltimore City
8. Full Name of Father Caleb Richardson
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. J. Gately [illegible]

Address 244, Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 May
4. *Place of Birth (Street and Number)*	No 8 Clapper st
5. *Full Name of Mother*	Maria White
6. *Mother's Maiden Name*	" Davis
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John White
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butts
Address	185 Central Ave
Remarks	All Well

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

311 94

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Male White
2. Race or Color (if not of the white race)	
3. Date of Birth	May 24 1879
4. Place of Birth (Street and Number)	344 William St
5. Full Name of Mother	Nona Roberts
6. Mother's Maiden Name	Nona Pritchett
7. Mother's Birthplace	City
8. Full Name of Father	John Roberts
9. Father's Occupation	Mariner
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble MD
Address	17 Hanover Av
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31195

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 24. 1879.
4. *Place of Birth (Street and Number)* 244 N. Charles St.
5. *Full Name of Mother* Mary Buick
6. *Mother's Maiden Name* Elliott
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* George Buick
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. E. C. Gardner, M. D.

Address 311 E. Broadway

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31196

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. ~~*Race or Color (if not of the*~~ *white race)*
3. *Date of Birth* 24 May 79.
4. *Place of Birth (Street and Number)* 297 Hanover St.
5. *Full Name of Mother* Sophia ~~Weichart~~ Weikert
6. *Mother's Maiden Name* " ~~Siebold~~ Seebo
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank ~~Weichart~~ Weikert
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 79.
4. Place of Birth (Street and Number)	113 Parkin St.
5. Full Name of Mother	Emma Wagner
6. Mother's Maiden Name	Mittendorf
7. Mother's Birthplace	Balto Penn.
8. Full Name of Father	Chs. Wagner
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louis Chs Horn Jr.
Address	cor Mulberry & Myrtle av.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

31198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Mar 24. 1879
4. Place of Birth (Street and Number) S. Wolfstr No
5. Full Name of Mother Eva Diem
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace Salz Beiern
8. Full Name of Father Mathias Diem
9. Father's Occupation Tailor
10. Father's Birthplace Nimmerstadt Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baupach

Address S. Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31199

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7 6

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Mai 24. 1879

4. Place of Birth (Street and Number) O Lombardstr No 233

5. Full Name of Mother Anna Geier

6. Mother's Maiden Name Schmidt

7. Mother's Birthplace Eckershausen Hessen Darmstadt

8. Full Name of Father August Geier

9. Father's Occupation Schohmaiker

10. Father's Birthplace Schwarzburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh Baupach

Address S. Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24 May 1879
4. *Place of Birth (Street and Number)* 41 Albermarle St
5. *Full Name of Mother* Barbara Peters
6. *Mother's Maiden Name* Unterwagner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Peters
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cassier

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31201

HEALTH DEPT. MAY 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 24th 1879.
4. *Place of Birth (Street and Number)* 816 Orleans & Young pl.
5. *Full Name of Mother* Margaret A Dammeard.
6. *Mother's Maiden Name* " " Murphy.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Robert W Dammeard.
9. *Father's Occupation* Rigger.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr R Cattell M.D.

Address 2 N Broadway.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31202

HEALTH DEPT. MAY 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 26th 79
4. *Place of Birth (Street and Number)*	Maternity Hospital 163 W Lombard St
5. *Full Name of Mother*	Sarah Allen
6. *Mother's Maiden Name*	[illegible]
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	unknown
10. *Father's Birthplace*	unknown
Name of Medical Attendant, or other Person who makes this Return.	J. H. Branham M. D.
Address	163 W Lombard St
Remarks	Mother & child are doing well

Extract Regulations of the Board of Health relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25
4. *Place of Birth (Street and Number)* Maternity Hospital 163 W Lombard St
5. *Full Name of Mother* Kate Ford
6. *Mother's Maiden Name* Kate Long
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Hugh Ford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Branham M.D.

Address 163 W Lombard Street

Remarks Mother & Child are doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

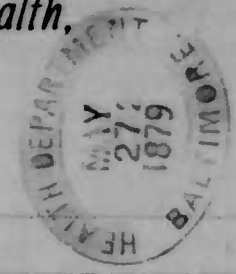
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 25th 1879
4. Place of Birth (Street and Number)	11 Temple St.
5. Full Name of Mother	Eliza Turner
6. Mother's Maiden Name	Eliza Nordburn
7. Mother's Birthplace	Talbot Co Md
8. Full Name of Father	Wm Turner
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. L Kininmon
Address	13 E Pratt St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 25 1879
4. Place of Birth (Street and Number) Hughes st No 32
5. Full Name of Mother Sarah Elen ~~Hoffman~~ Kraft
6. Mother's Maiden Name Sarah Elen Hoffman
7. Mother's Birthplace Baltimore
8. Full Name of Father John Kraft
9. Father's Occupation Shoe maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anerson

Address No 10 Abys Street

Remarks

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25th 1879.
4. *Place of Birth (Street and Number)* 165 See St.
5. *Full Name of Mother* Martha V. Pumphrey
6. *Mother's Maiden Name* " " Fowler.
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* A. J. Pumphrey
9. *Father's Occupation* Policeman.
10. *Father's Birthplace* Balto. City.

Name of Medical Attendant, or other Person who makes this return R. J. H. Tall, M.D.

Address 152 S. Sharp St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31207

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) B 7 Ch

1. Sex (state whether Male or Female) Boys
2. Race or Color (if not of the white race) White
3. Date of Birth 25 May 1879
4. Place of Birth (Street and Number) 157 Hegundy St
5. Full Name of Mother Henriette Sparen Corp
6. Mother's Maiden Name Henriette Braemer
7. Mother's Birthplace Baltimore
8. Full Name of Father George Braemer
9. Father's Occupation Laber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Mazarreau

Address Russell St So 70

Remarks

31208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Girls 84

1. Sex (state whether Male or Female) White
2. Race or Color (if not of the white race) Boy
3. Date of Birth 25 May 1879
4. Place of Birth (Street and Number) 133 Regler St
5. Full Name of Mother Luse Nabanau
6. Mother's Maiden Name Luse Nazarenus
7. Mother's Birthplace Germy
8. Full Name of Father Andrew Nazarenus
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russel St No 90

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex (state whether Male or Female)* Bub
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 25ten Mai
4. *Place of Birth (Street and Number)* ~~geboren~~ No 233. S. Dollers Str
5. *Full Name of Mother* Mari Rittel
6. *Mother's Maiden Name* Mari Schwab
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Schw Rittel
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kanzmann

Address No 197. S. Dollers Str

Remarks Hemme

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* May 25th 79,
4. *Place of Birth (Street and Number)* 235, W. Biddle St.
5. *Full Name of Mother* Eliza C. Ward,
6. *Mother's Maiden Name* " " Driscoll
7. *Mother's Birthplace* Balto. City,
8. *Full Name of Father* Jas. A. Ward,
9. *Father's Occupation* Blacksmith,
10. *Father's Birthplace* Howard, Co. Md,

Name of Medical Attendant, or other Person who makes this return R. J. H. Tall, M.D.

Address 1528 Sharp St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to accompany the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th of May 1879
4. *Place of Birth (Street and Number)* 535 West Lombard St
5. *Full Name of Mother* Mrs. Gorganid Duby
6. *Mother's Maiden Name* Miss " " Stocket
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr John Duby
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Tullenkamp

Address Doing Well

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31212

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth May 25
4. Place of Birth (Street and Number) Baltimore, Bank st 252
5. Full Name of Mother Annie E, Simpkins
6. Mother's Maiden Name Kelley
7. Mother's Birthplace Sammersett County Md
8. Full Name of Father Charles Simpkins
9. Father's Occupation Watermam
10. Father's Birthplace Sammersett Co Md

Name of Medical Attendant, or other Person who makes this Return. M, A, Davenport

Address ~~Mother~~ 194 Gough St

Remarks Both doing well,

May the 31

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

31213

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 2nd 1879
4. *Place of Birth (Street and Number)* No 24 S. Eden St
5. *Full Name of Mother* Mayme Bent
6. *Mother's Maiden Name* " " Faulk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Bent
9. *Father's Occupation* Life Ins Agent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 66 S. Bond St

Remarks

Extract Regulations of the Board of Health to Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312,114

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25th
4. *Place of Birth (Street and Number)* Lanvale St. 1st house east Penn. Ave.
5. *Full Name of Mother* Katie M. Schaffer
6. *Mother's Maiden Name* " " Bekraft
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Martin L. Schaffer
9. *Father's Occupation* Driver of Milk Waggon
10. *Father's Birthplace* Somerset Co. Penna.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Townsend St.

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31215

HEALTH DEPARTMENT
MAY 29 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25 d 1879
4. *Place of Birth (Street and Number)* Schneiders Lort
5. *Full Name of Mother* Ana Winder
6. *Mother's Maiden Name* Ana Freidag
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Heinrich Winder
9. *Father's Occupation* Germ. Farmwurker
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstrel

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31216

HEALTH DEPARTMENT
MAY 29 1879
MAY 29 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 25 May 1879
4. *Place of Birth (Street and Number)* 60 Preston St
5. *Full Name of Mother* Isadora Marlow
6. *Mother's Maiden Name* " Rowe
7. *Mother's Birthplace* md
8. *Full Name of Father* James H Marlow
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 129 W. Biddle St

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31217

HEALTH DEPARTMENT MAY 28 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 25th 1879
4. *Place of Birth (Street and Number)* 14 Lombard Alley
5. *Full Name of Mother* Mary Catharine Miller
6. *Mother's Maiden Name* Mary Catharine Foster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Foster

Address 4 Patapsco Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312.18

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 of May 1879
4. *Place of Birth (Street and Number)* Ch. 206 William St.
5. *Full Name of Mother* Eyda Effing
6. *Mother's Maiden Name* Eyda Mc. Killan Akers
7. *Mother's Birthplace* Baltimor Md.
8. *Full Name of Father* John Effing
9. *Father's Occupation* Tailar
10. *Father's Birthplace* Baltmor Md.

Name of Medical Attendant, or other Person who makes this Return. Jabena Grishaber

Address C/o 128 West St.

Remarks Living Seven Hours, Daid on Sfassoms.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31219

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 26. 1879
4. *Place of Birth (Street and Number)* N. Chappel St. N° 376.
5. *Full Name of Mother* Maria Lindt
6. *Mother's Maiden Name* Maria Gans
7. *Mother's Birthplace* Crainfeld. Gr. Hessen. Gurmany
8. *Full Name of Father* Andreas Lindt
9. *Father's Occupation* none
10. *Father's Birthplace* Crainfeld. Gr. Hessen. Gurmany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. N° 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31220

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1879
4. *Place of Birth (Street and Number)* Elling Street # 53
5. *Full Name of Mother* Mary Booth
6. *Mother's Maiden Name* " Frank
7. *Mother's Birthplace* Hessia
8. *Full Name of Father* John Booth
9. *Father's Occupation* Diver
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose [illegible]

Address 48 Holland Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1879
4. *Place of Birth (Street and Number)* Ensor St 56
5. *Full Name of Mother* Louisa Heck
6. *Mother's Maiden Name* " Kreutner
7. *Mother's Birthplace* Bath Europe
8. *Full Name of Father* John Heck
9. *Father's Occupation* Provisions dealer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31222

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Sixth~~ 8th Child

1. Sex (state whether Male or Female) Male — "
2. Race or Color (if not of the white race) White
3. Date of Birth May 26th 1879
4. Place of Birth (Street and Number) No 162. Easting ave
5. Full Name of Mother Auguste Hilse
6. Mother's Maiden Name " " Mensel
7. Mother's Birthplace Germany
8. Full Name of Father August Hilse
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible] Ohme. MD

Address 86. E. Fayette St

Remarks Natural Labor —

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91228

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26. 1879.
4. *Place of Birth (Street and Number)* 43 N. Broadway.
5. *Full Name of Mother* Emma Maria Thomsen
6. *Mother's Maiden Name* Emma Maria Malloy
7. *Mother's Birthplace* East Haven Conn.
8. *Full Name of Father* Albert Thomsen
9. *Father's Occupation* Oyster & Fruit business.
10. *Father's Birthplace* East Haven Conn

Name of Medical Attendant, or other Person who makes this Return. J. R. McManus, M.D.

Address 71 Franklin St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31211
31225

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th (Twins)

1. Sex (state whether male or female) Male and Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 26th 1879.
4. Place of Birth (Street and Number) 156 Division St.
5. Full Name of Mother Mary Ellen Boring.
6. Mother's Maiden Name " " Sindall.
7. Mother's Birthplace Maryland.
8. Full Name of Father William Henry Boring
9. Father's Occupation Glass Cutter.
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. A. C. Fox. M. D.

Address N.W. Corner Fayette & Schroeder Sts

Remarks These were 8 mo's children, well developed.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 11 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored race
3. *Date of Birth* May 26th
4. *Place of Birth (Street and Number)* Cohen Alley 212
5. *Full Name of Mother* Alice Tiggs
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Church Creek Dr. County Md
8. *Full Name of Father* John Ivers
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs

Address Sharp Street Alley No 212

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31227

HEALTH DEPART JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1879
4. *Place of Birth (Street and Number)* Maternite Hospital 163 W. Lombard St
5. *Full Name of Mother* Lizzie Smith
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. J. A. Brachman M. D.

Address 163 W Lombard St.

Remarks Mother and Child are doing well

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31228

JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 26 of May 1879
4. *Place of Birth (Street and Number)* No 102 East Stur
5. *Full Name of Mother* Susie Clausey
6. *Mother's Maiden Name* Susie Grooss
7. *Mother's Birthplace* Carline County
8. *Full Name of Father* John Henry ~~[illegible]~~ Clausey
9. *Father's Occupation* Laber
10. *Father's Birthplace* Carline County

Name of Medical Attendant, or other Person who makes this Return. Bartle

Address William No 70 Chapel

Remarks Mother and Child doing Well

Extract Regulations of the Board of Health to secure Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

51229

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male

2. ~~*Race or Color (if not of the white race)*~~

3. *Date of Birth* 26 May 1879

4. *Place of Birth (Street and Number)* 940 N. Baltimore St

5. *Full Name of Mother* Matilda Rose

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* (not married)

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 21
4. *Place of Birth (Street and Number)* 125 Henrietta St
5. *Full Name of Mother* Mary Punterman
6. *Mother's Maiden Name* Mary Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Punterman
9. *Father's Occupation* Picture, Manufactor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Katharina Munch

Address 8 Leadenhall Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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31231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 79
4. Place of Birth (Street and Number)	No 4 Bruce str
5. Full Name of Mother	Elisabeth Miller
6. Mother's Maiden Name	Elisabeth Blair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Miller
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anna Lurman
Address	1745 Monroe Street
Remarks	

RETURN OF A BIRTH.

312392

JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 May
4. *Place of Birth (Street and Number)* N. Chapel St
5. *Full Name of Mother* Anna Novak
6. *Mother's Maiden Name* " Kaidan
7. *Mother's Birthplace* Paris Bohemia
8. *Full Name of Father* John Novak
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Paris Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31233

RETURN OF A BIRTH.

HEALTH DEPT. JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 26th 1879
4. *Place of Birth* (Street and Number) No 46 Duncan Alley
5. *Full Name of Mother* Bridget Daily
6. *Mother's Maiden Name* Bridget Daily
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Daily
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address No 193 South Chester Street Balto Md

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312314

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	26 May 1879
4. Place of Birth (Street and Number)	456 Corp street
5. Full Name of Mother	Mary Schroeder
6. Mother's Maiden Name	Mary Mardaga
7. Mother's Birthplace	Burg. Prussia
8. Full Name of Father	Georg Schroeder
9. Father's Occupation	shoemaker
10. Father's Birthplace	Hildburghausen. Germany
Name of Medical Attendant, or other Person who makes this Return.	L. E. Reinhard
Address	224 W. Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	May 26th 1879.
4. *Place of Birth (Street and Number)*	12 McElderry St.
5. *Full Name of Mother*	Sarah Jones
6. *Mother's Maiden Name*	" Hamilton
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John J. Jones
9. *Father's Occupation*	Brick Layer.
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	D. W. Cathell M.D.
Address	2 N Broadway.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31236

HEALTH DEPT
MAY
29
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26 1879
4. *Place of Birth (Street and Number)* 356 a Igelstr.
5. *Full Name of Mother* Clara Rewell
6. *Mother's Maiden Name* Clara Bolson
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Beiamin Rewell
9. *Father's Occupation* Teler
10. *Father's Birthplace* Somerset co. M.d.

Name of Medical Attendant, or other Person who makes this Return. Mary K. Kuchiyer

Address 134 a Bondstr.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 28 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord race
3. Date of Birth May the 26.18.79
4. Place of Birth (Street and Number) No 9 Cassel St Baltimore m d
5. Full Name of Mother Adline Cooper
6. Mother's Maiden Name Adline Johnson
7. Mother's Birthplace Baltimore m d
8. Full Name of Father William H Cooper
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Regester St Baltimore m d

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 26th 1879
4. *Place of Birth (Street and Number)* N. 393 Hanover st
5. *Full Name of Mother* Bertha Fleischer
6. *Mother's Maiden Name* Fleltmann
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Carl Fleischer
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohmaker midwife

Address 330 Hanover st.

Remarks

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

31239

HEALTH DEP... MAY 28 1879 ...IMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26. 1879
4. *Place of Birth (Street and Number)* No 440 W. Lombard st
5. *Full Name of Mother* Emma V Benton
6. *Mother's Maiden Name* " Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jas H. Benton
9. *Father's Occupation* Mechanic (Brass Finisher)
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer M.D

Address 379 W. Lombard st

Remarks

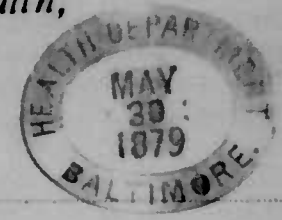
RETURN OF A BIRTH.

312410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 29 May 1879
4. Place of Birth (Street and Number) 427 Cross St
5. Full Name of Mother Mary Roth
6. Mother's Maiden Name Mary Dill
7. Mother's Birthplace Baltimore
8. Full Name of Father Adam Roth
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russel St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 31 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 27th 1879
4. *Place of Birth (Street and Number)*	794 Eutaw Av.
5. *Full Name of Mother*	Mary Ellen Lewis
6. *Mother's Maiden Name*	" " Ummgard
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Paul H. Lewis
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Edward P. Vanderwitt
Address	1374 Eutaw st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 27 of May
4. Place of Birth (Street and Number) No 84 Horozen St
5. Full Name of Mother Astter Hornstien,
6. Mother's Maiden Name Artter Buchner
7. Mother's Birthplace Resun Polen
8. Full Name of Father S Buchner
9. Father's Occupation Busner Mann
10. Father's Birthplace Resun Pollen

Name of Medical Attendant, or other Person who makes this Return.

Address 172 Harper ave 1879

Remarks Mrs Sauer

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31243

HEALTH DEPARTMENT
MAY 31 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 27 May
4. *Place of Birth (Street and Number)* No 25 Constitution St
5. *Full Name of Mother* Ellen Lanor
6. *Mother's Maiden Name* Ellen Wolf
7. *Mother's Birthplace* York Pa
8. *Full Name of Father* Daniel Wolf
9. *Father's Occupation* Brackman
10. *Father's Birthplace* Nen Chester N Conty Pa

Name of Medical Attendant, or other Person who makes this Return.

Address the Mes Lane 1879

Remarks 179 W Harfe eru

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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312414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 27. of May
4. Place of Birth (Street and Number) No 120 Log St
5. Full Name of Mother Mary Drachsser
6. Mother's Maiden Name Mary B. Robison
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Robison
9. Father's Occupation Shu Maker
10. Father's Birthplace Baltimore 1820

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Mrs Sauer 1829

Remarks 112 Harper ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Born on the 27th May
4. *Place of Birth (Street and Number)* 17 Saint Mary Street
5. *Full Name of Mother* Malinda Dickson
6. *Mother's Maiden Name* Malinda Mason
7. *Mother's Birthplace* North Carolina Virginia
8. *Full Name of Father* Daniel Dickson
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Cambridge Md. U.S.

Name of Medical Attendant, or other Person who makes this return X

Address Catharine Jones No 2 Spring garden alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether male or female)* male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th of may
4. *Place of Birth (Street and Number)* No 27 Heath St
5. *Full Name of Mother* Mary Aperlana Lamp
6. *Mother's Maiden Name* do do Fraburger
7. *Mother's Birthplace* The Kingdom of Bavarian Ge
8. *Full Name of Father* Eberhard Henry Lampe
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address No 6 Heath St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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312147

RETURN OF A BIRTH.

JUN 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 27ten May
4. *Place of Birth (Street and Number)* No 85 Bank Str
5. *Full Name of Mother* Chattrine Friederick
6. *Mother's Maiden Name* Chattrine Witzel
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* August Friederick
9. *Father's Occupation* Cappner
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 197 S. Dallas Str

Remarks Hemme

N 312.118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* 27st May 1879
4. *Place of Birth (Street and Number)* Baltimore Castle st. No 6
5. *Full Name of Mother* Francy Rokosky
6. *Mother's Maiden Name* Francy sedlak
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Frank Rokosky
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69 Washington st

Remarks Mary Koptish

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

312149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 27th 1879
4. Place of Birth (Street and Number) Eutaw House Eutaw St
5. Full Name of Mother Alice Hammond
6. Mother's Maiden Name Alice Hammond
7. Mother's Birthplace Annap. Md. Maryland
8. Full Name of Father Wm A. Hammond
9. Father's Occupation Attorney at Law
10. Father's Birthplace Berkley Co Virginia

Name of Medical Attendant, or other Person who makes this Return. F. E Chatard

Address 1114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 27th May

4. Place of Birth (Street and Number) 421 Franklin

5. Full Name of Mother — Gillen

6. Mother's Maiden Name Walker

7. Mother's Birthplace Baltimore

8. Full Name of Father D. A. Gillen

9. Father's Occupation —

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edwd. F. Milholland

Address 279. W. Lombard.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 3 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27th 1879
4. Place of Birth (Street and Number)	No 14 Howe St
5. Full Name of Mother	Annie Blankner.
6. Mother's Maiden Name	Annie Stall
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Blankner.
9. Father's Occupation	Candy maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	W. J. Leman
Address	No. 435 W. Mc. Henry St
Remarks	Strong healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

312552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 27th 1879
4. *Place of Birth* (Street and Number)	46 Woodyear St.
5. *Full Name of Mother*	Matilda Louisa Williams Lawrence
6. *Mother's Maiden Name*	Williams
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Thos. Geo. Lawrence
9. *Father's Occupation*	Employe in Hotel
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	J. Christian M. D.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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31253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 27th 1879
4. *Place of Birth (Street and Number)* No 50 Henrietta st
5. *Full Name of Mother* Mary Schleny
6. *Mother's Maiden Name* Baader
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Schleny
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

312511

JUN 3 1879

BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 27th 1879
4. *Place of Birth (Street and Number)* 64 Bank st
5. *Full Name of Mother* Emma Taylor
6. *Mother's Maiden Name* " Stevens
7. *Mother's Birthplace* City
8. *Full Name of Father* Alexander Taylor
9. *Father's Occupation* Caulker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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31256

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
3
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 27 1879
4. *Place of Birth (Street and Number)* 171 S Lumbert Str.
5. *Full Name of Mother* Anna Margretha Kappes
6. *Mother's Maiden Name* A. M. Hay
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Kappes
9. *Father's Occupation* Backer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n Bonds Str.

Remarks

31256

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~) ~~first~~ second

1. *Sex (~~state whether~~ male ~~or female~~)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 27th 1879
4. *Place of Birth (Street and Number)* No. 200 Burgunder Aly
5. *Full Name of Mother* Mary Raum.
6. *Mother's Maiden Name* Mary Kesting
7. *Mother's Birthplace* Mengeringhausen Germany
8. *Full Name of Father* George Raum
9. *Father's Occupation* Laborer
10. *Father's Birthplace* ~~[illegible]~~ Shwarsenback Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Munch

Address 8 Leadenhall Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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31257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27 May 1879
4. *Place of Birth (Street and Number)* 178 Baltimore
5. *Full Name of Mother* Marie Schmitka
6. *Mother's Maiden Name* Betz
7. *Mother's Birthplace* U S
8. *Full Name of Father* Henry Schmitka
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 6 Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31253

HEALTH DEPARTMENT
JUN 13 1879
IMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* May 27th 1879

4. *Place of Birth (Street and Number)* E. Pratt st.

5. *Full Name of Mother* ———

6. *Mother's Maiden Name* ———

7. *Mother's Birthplace* Balto. Md.

8. *Full Name of Father* ———

9. *Father's Occupation* ———

10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this return Pierre Lee. Donaldson.

Address 27. N. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31239

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* ✓✓
3. *Date of Birth* Mai 27. 1879
4. *Place of Birth (Street and Number)* Domstr 77
5. *Full Name of Mother* Margaretha Wischer
6. *Mother's Maiden Name* Ochs
7. *Mother's Birthplace* Mistendorf Baiern
8. *Full Name of Father* Michael Wischer
9. *Father's Occupation* Lobner
10. *Father's Birthplace* Ritschenhausen Baiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Baupach

Address South Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

31260

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27
4. *Place of Birth (Street and Number)* 34 George St.
5. *Full Name of Mother* Selina Smith
6. *Mother's Maiden Name* Selina Mendney
7. *Mother's Birthplace* Md
8. *Full Name of Father* Jacob L. Smith
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. H. Keller M.D

Address 89 N. Green St.

Remarks

31261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27 May 1879
4. *Place of Birth (Street and Number)* 25 Frederick St
5. *Full Name of Mother* Dora Berr
6. *Mother's Maiden Name* Eisick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Max Berr
9. *Father's Occupation* Clark
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 32 E Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31262

HEALTH DEPT. MAY 28 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 27 1879
4. *Place of Birth (Street and Number)* 117 chester st
5. *Full Name of Mother* lerina wetherstin
6. *Mother's Maiden Name* lerina oliver
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* Jacob wetherstin
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alice anna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31263

HEALTH DEPARTMENT MAY 23 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 St

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 of April
4. *Place of Birth (Street and Number)* 138 S Register St
5. *Full Name of Mother* Mary C Kemper
6. *Mother's Maiden Name* Mary C Graff
7. *Mother's Birthplace* ~~Raymond~~ Baltimore
8. *Full Name of Father* Raymond Graff
9. *Father's Occupation* Police officer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 77 Lancaster

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Black
3. Date of Birth	382 Cross St
4. Place of Birth (Street and Number)	28 May 1879
5. Full Name of Mother	Thester Ann Wyson
6. Mother's Maiden Name	Thester Ann Gray
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward R Gray
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Hazareuse
Address	Russel St No 70
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28
4. *Place of Birth (Street and Number)* No. 0 Lizebeth Lane
5. *Full Name of Mother* Sarah J. Colwell
6. *Mother's Maiden Name* " " Hubbard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Lewis A. Colwell
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Nash

Address

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* may 28
4. *Place of Birth (Street and Number)* 226 north durham st
5. *Full Name of Mother* Eliza Galloway
6. *Mother's Maiden Name* Eliza Band
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* ~~John~~ John Galloway
9. *Father's Occupation* paganner
10. *Father's Birthplace* Richmond va

Name of Medical Attendant, or other Person who makes this Return. mrs leon johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28th 1879.
4. *Place of Birth (Street and Number)* 321 Mulberry St
5. *Full Name of Mother* Catherine Melchior
6. *Mother's Maiden Name* Catherine Rothauge
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* August Melchior
9. *Father's Occupation* Confectioneer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Hunter

Address 21 Co Appleton Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31268.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 7 1879

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1ts Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiss
3. *Date of Birth*	geboren den 24ten März
4. *Place of Birth (Street and Number)*	No 103 Corlein Str
5. *Full Name of Mother*	Anna Schegel
6. *Mother's Maiden Name*	Ann Bower
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Schonz Schegel
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Friederike Bornmann
Address	No 197 S. Dollers Str
Remarks	Hemme

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

31289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	Fourth
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1878
4. Place of Birth (Street and Number)	113 Stark St.
5. Full Name of Mother	Adeline Auchtmuty
6. Mother's Maiden Name	Adeline Warner
7. Mother's Birthplace	Adams Co. Pa.
8. Full Name of Father	George W. Auchtmuty
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Adams Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lucy H. Barclay M.D.
Address	47 Conway St.
Remarks	

RETURN OF A BIRTH.

31970

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 May 1879
4. *Place of Birth (Street and Number)* 157 W. Paca st
5. *Full Name of Mother* Emma Ness
6. *Mother's Maiden Name* " Riese
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Martin Ness
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelbinger

Address 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3127

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colour
3. *Date of Birth* 28 May 1879
4. *Place of Birth (Street and Number)* 63 Union st
5. *Full Name of Mother* Katherine Hess
6. *Mother's Maiden Name* " Riner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Hess
9. *Father's Occupation* Park Ranger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eggelmann

Address 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

31272

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male -
2. Race or Color (if not of the white race) White -
3. Date of Birth May 28th 1879
4. Place of Birth (Street and Number) 427 W Fayette St
5. Full Name of Mother Ida Brown Johnston
6. Mother's Maiden Name Mealy.
7. Mother's Birthplace Green Co Va
8. Full Name of Father John Henry Johnston Md
9. Father's Occupation Salesman.
10. Father's Birthplace Nashville North Carolina

Name of Medical Attendant, or other Person who makes this Return. W G Legester Md

Address S W Cor Fayette & Calhoun St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPT. JUN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the third
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored race
3. *Date of Birth*	28 of may
4. *Place of Birth (Street and Number)*	Wagon alley Number [illegible]
5. *Full Name of Mother*	Frances [illegible] daily
6. *Mother's Maiden Name*	Frances brooks
7. *Mother's Birthplace*	[illegible] daily Anarandel
8. *Full Name of Father*	John daily
9. *Father's Occupation*	a drayman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	May Jane Richardson of other
Address none	Number 212 Dover st
Remarks none	child is well and mother is well and doing well

312714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex (state whether Male or Female) a fine large boy
2. Race or Color (if not of the white race) a light brown skin
3. Date of Birth 28th of Mar 1879
4. Place of Birth (Street and Number) No 12 Duxbury Court
5. Full Name of Mother Virginia Johnson
6. Mother's Maiden Name Virginia Welch
7. Mother's Birthplace Baltimore
8. Full Name of Father John Johnson
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

31275

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 28 1879
4. *Place of Birth (Street and Number)*	473 N. Fremont St.
5. *Full Name of Mother*	Mary Breckinbridge
6. *Mother's Maiden Name*	" Kinney
7. *Mother's Birthplace*	Balt. city
8. *Full Name of Father*	William Breckinbridge
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	Mathew Brown, M.D.
Address	68 McCulloh St.
Remarks	

31276

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 28th 1879
4. *Place of Birth (Street and Number)* 326 Penna Avenue
5. *Full Name of Mother* Johanna Ernstberger
6. *Mother's Maiden Name* " " King
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Ernstberger
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Meyerschel (Mrs)

Address 138 Penna Avenue

Remarks —

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28th
4. *Place of Birth (Street and Number)* 332 Franklin St
5. *Full Name of Mother* Mary Saumenig
6. *Mother's Maiden Name* Mary McCoul
7. *Mother's Birthplace* Balto
8. *Full Name of Father* William B. Saumenig
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler M.D.

Address 649 Penna Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31278

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 28th May

4. *Place of Birth (Street and Number)* 32 Hanover st.

5. *Full Name of Mother* Christina Hetzler

6. *Mother's Maiden Name* Hundeman

7. *Mother's Birthplace* Kurhessen

8. *Full Name of Father* John Hetzler

9. *Father's Occupation* Wagon maker

10. *Father's Birthplace* Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mary Krol

Address 328 S. Eutaw st

Remarks

RETURN OF A BIRTH.

31279

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1879
4. Place of Birth (Street and Number)	20 Lee St.
5. Full Name of Mother	Virginia Polland Bagby
6. Mother's Maiden Name	
7. Mother's Birthplace	Va
8. Full Name of Father	Rev. Jno Polland, D.D.
9. Father's Occupation	Minister
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31 250

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 May
4. Place of Birth (Street and Number)	Bland Road
5. Full Name of Mother	Barbara Kreuter
6. Mother's Maiden Name	" Immich
7. Mother's Birthplace	Balto
8. Full Name of Father	Andreas Kreuter
9. Father's Occupation	Horse Trainer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnesley
Remarks	

Peel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312 81

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 May
4. Place of Birth (Street and Number)	No 6 St James St
5. Full Name of Mother	Josepine Butler (Woods)
6. Mother's Maiden Name	Woods
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Butler
9. Father's Occupation	Grain Measurer
10. Father's Birthplace	Anne Arundel County
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisman
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colerd
3. Date of Birth 28 May
4. Place of Birth (Street and Number) Brafond Alley No 8
5. Full Name of Mother Sarah Jane Brown
6. Mother's Maiden Name Sarah Jane Pratt
7. Mother's Birthplace city of Baltimore
8. Full Name of Father edward Brom
9. Father's Occupation laborer
10. Father's Birthplace city of Baltimore

Name of Medical Attendant, or other Person who makes this Return Henerett Glaller

Address good Helthe Both

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31253

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th May 1879
4. Place of Birth (Street and Number)	347 E Monument
5. Full Name of Mother	Henretta Rollison
6. Mother's Maiden Name	Henretta Shafer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Perry M Rollison
9. Father's Occupation	Machinist
10. Father's Birthplace	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	378 E Monument St
Remarks	Baltimore

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

312811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 May 1879
4. *Place of Birth (Street and Number)* 985 Hall St.
5. *Full Name of Mother* Sara Ramsay
6. *Mother's Maiden Name* Stevens
7. *Mother's Birthplace* M D
8. *Full Name of Father* Alex Ramsay
9. *Father's Occupation* Painter
10. *Father's Birthplace* M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Ramsay

Address 92 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

31285

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 29th 1879.

4. *Place of Birth (Street and Number)* 35 Warren Ave.

5. *Full Name of Mother* Mary E. Sanders.

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* Washington, D.C.

8. *Full Name of Father* Sylvester C. Sanders.

9. *Father's Occupation* Painter.

10. *Father's Birthplace* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this return R. J. N. Tackett M.D.

Address 152 Shaw St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31286

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29th of May 1879
4. Place of Birth (Street and Number) 335 South Orleans street
5. Full Name of Mother Sarah Schmand
6. Mother's Maiden Name Sarah Maetz
7. Mother's Birthplace North Panatego
8. Full Name of Father Henry Maetz
9. Father's Occupation Sassfeader
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Runkel

Address 11 North Chappel St. per Justina Runkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21287

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether Male or Female)* 2 Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27th 1879.
4. *Place of Birth (Street and Number)* Highland town
5. *Full Name of Mother* Caroline Ross.
6. *Mother's Maiden Name* Caroline Keller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Ross.
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold.

Address 187 South Wolfe St

Remarks C/P

31288

RETURN OF A BIRTH.

JUL 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Children

1. *Sex* (~~state whether~~ Male ~~or Female~~) [illegible]
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 29th 1879
4. *Place of Birth* (Street and Number) North Exeter Ave No 83.
5. *Full Name of Mother* Mary Elizabeth Johnson
6. *Mother's Maiden Name* Mary Elizabeth Hollins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Milton Johnson
9. *Father's Occupation* Shirt Cutting
10. *Father's Birthplace* Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Wagner

Address 18 Aisquith Balt.

Remarks

P.S. Being called to the country the case was forgotten

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 29, 1879.
4. *Place of Birth (Street and Number)* 64 Dewberry Alley.
5. *Full Name of Mother* Maryanne Pierce.
6. *Mother's Maiden Name* Maryanne Boyle.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Thomas Pierce.
9. *Father's Occupation* Printer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter.

Address 21 Poplar Ln St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 29th 1879
4. *Place of Birth (Street and Number)* No 1. Fedral st
5. *Full Name of Mother* Emma Rogers
6. *Mother's Maiden Name* Emma Nelson
7. *Mother's Birthplace* New York
8. *Full Name of Father* Charlie Rogers
9. *Father's Occupation* Car driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 1 E 2 C Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether Male or Female) male

Race or Color (if not of the white race) colord

Date of Birth map the 29

Place of Birth (Street and Number) george St alley no 35

Full Name of Mother

Mother's Maiden Name rocky Smothers

Mother's Birthplace Machanick town fredrick county md

Full Name of Father george A Coleman

Father's Occupation undder taker

Father's Birthplace Baltimor city

Name of Medical Attendant, or other Person who makes this Return. Sarah Smothers

Address geore St alley, no 35

Remarks

31292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Thursday May 29th 1879
4. Place of Birth (Street and Number)	L. Wetland Ensor St
5. Full Name of Mother	Patricae Minnicks
6. Mother's Maiden Name	" Staylor
7. Mother's Birthplace	Balto.
8. Full Name of Father	Geo. C. Minnicks
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address	25½ Greenmount Ave
Remarks	"Vertex Presentation"

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 of May
4. *Place of Birth (Street and Number)* 110 Alice ann St
5. *Full Name of Mother* Mary Mayers
6. *Mother's Maiden Name* Mary Nebles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Janney Mayers
9. *Father's Occupation* Laybore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jabb

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

312911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 29 1879
4. *Place of Birth (Street and Number)* 49 White st
5. *Full Name of Mother* Sarah Edwards
6. *Mother's Maiden Name* Fair haven
7. *Mother's Birthplace*
8. *Full Name of Father* Geo Edwards
9. *Father's Occupation* Labourer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Cholot proctor

Address No 10 carlton st

Remarks

31295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 4 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 29th 1879
4. *Place of Birth (Street and Number)* No 286 N Amity
5. *Full Name of Mother* Lillie A. McGraw
6. *Mother's Maiden Name* " " Richardson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* John, Edward, McGraw
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. L. Russell

Address N W Cor. Broadway & Madison

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	29th May 1879
4. *Place of Birth (Street and Number)*	116 Hughes Street
5. *Full Name of Mother*	Mariah Smith
6. *Mother's Maiden Name*	" Stanton
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Smith
9. *Father's Occupation*	Caulker
10. *Father's Birthplace*	Harford Co
Name of Medical Attendant, or other Person who makes this Return.	Augustus M. Dodge M.D.
Address	261 Aisquith St.
Remarks	Labor Normal.

APR 4 1879

RETURN OF A BIRTH.

312 G 7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1879
4. Place of Birth (Street and Number)	128 Conway St.
5. Full Name of Mother	Susan McKillop
6. Mother's Maiden Name	do McMahon
7. Mother's Birthplace	Scotland
8. Full Name of Father	James McKillop
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Smith M.D.
Address	108 S. Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31298

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 3 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 29th 1879
4. *Place of Birth (Street and Number)* No 268 Cross st.
5. *Full Name of Mother* Mary Wagner
6. *Mother's Maiden Name* Lehr
7. *Mother's Birthplace* America
8. *Full Name of Father* William Wagner
9. *Father's Occupation* Germany.
10. *Father's Birthplace* Shoemaker

Name of Medical Attendant, or other Person who makes this Return. J. Lehrbacher midwife

Address 330 Hanover st

Remarks

31299

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 29th 1879
4. *Place of Birth (Street and Number)* 129 S Durham St
5. *Full Name of Mother* Barbara Blum
6. *Mother's Maiden Name* " Toni
7. *Mother's Birthplace* City
8. *Full Name of Father* John Blum
9. *Father's Occupation* Driver
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) African
3. Date of Birth May 29th 1879
4. Place of Birth (Street and Number) 67 Davis St
5. Full Name of Mother Mary Agnes Scott
6. Mother's Maiden Name Mary A Brooks
7. Mother's Birthplace St Mary's County
8. Full Name of Father Isaac Hardy Scott
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Elsworth M.D.

Address 51 N Calvert St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 cl

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 May 1879
4. *Place of Birth (Street and Number)* Mount and Townsend sts
5. *Full Name of Mother* Carlotta Seitz
6. *Mother's Maiden Name* Langenreich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Seitz
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Magdalena Sommerfeld

Address

*Remark*s

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31302

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth May 29th

4. Place of Birth (Street and Number) 135 N Eutaw St

5. Full Name of Mother Unetta Müller

6. Mother's Maiden Name Unetta Pralle

7. Mother's Birthplace Germany

8. Full Name of Father William Müller

9. Father's Occupation Tobaccomist

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. L. Keller M.D.

Address 89 Moreau St.

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 29th 1879
4. *Place of Birth (Street and Number)* 283 Gough Str
5. *Full Name of Mother* Henrietta Wacker
6. *Mother's Maiden Name* Henrietta Schaur
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles F Wacker
9. *Father's Occupation* Grocer & Ship Chandler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Isabella Reis Gebauer

Address No 26 N Lanark Street

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore

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31304

HEALTH DEPARTMENT
JUN 2 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 1/79

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 29th

4. Place of Birth (Street and Number) Calhoun C

5. Full Name of Mother May Frisly

6. Mother's Maiden Name Mary Crosly

7. Mother's Birthplace Baltimore

8. Full Name of Father John Fresly

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Norris M D

Address Cor Stricker & Presstman

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31305

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 29th 1879
4. *Place of Birth (Street and Number)*	321 E Pages St
5. *Full Name of Mother*	Ella G Wicks
6. *Mother's Maiden Name*	" " Galloway
7. *Mother's Birthplace*	Maine
8. *Full Name of Father*	Wm A Wicks
9. *Father's Occupation*	Com Factory
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	2 N Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31306

HEALTH DEPARTMENT
MAY 29 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 29 1879
4. *Place of Birth (Street and Number)* 124 Wallace
5. *Full Name of Mother* S Kagle
6. *Mother's Maiden Name* S Whaland
7. *Mother's Birthplace* Balto
8. *Full Name of Father* R M Whaland
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs [illegible] Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30th 1879
4. *Place of Birth (Street and Number)* No 33 N. Caroline St. Balto
5. *Full Name of Mother* Louise Scherer
6. *Mother's Maiden Name* Louise Dauterick
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry Scherer
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return J. Pidgway Andrew M.D.

Address No 121 E. Balto St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 30th
4. Place of Birth (Street and Number) Baltimore 40 Holland St
5. Full Name of Mother Martha Emma Vogt
6. Mother's Maiden Name Martha Emma Gardner
7. Mother's Birthplace Oxford Talbott Co Md
8. Full Name of Father Joseph Vogt
9. Father's Occupation Out door Salesman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine M Bedford

Address 141 Orleans St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21309

HEALTH JUN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* White
2. *Race or Color (if not of the white race)* Girl
3. *Date of Birth* May 30th 1879
4. *Place of Birth (Street and Number)* Bank St near Gloucester St
5. *Full Name of Mother* Catharine B. Hoof
6. *Mother's Maiden Name* Catharine Bätzendorfer
7. *Mother's Birthplace* Rheinpfalz
8. *Full Name of Father* John B Hoof
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Quinn

Address 1715 Wash St.

Remarks

31310

HEALTH DEPT JUN 5 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30th 1879
4. *Place of Birth (Street and Number)* #247 S Bond St
5. *Full Name of Mother* Dorothea T Timm.
6. *Mother's Maiden Name* Dorothea T Eilemann
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Joseph Timm.
9. *Father's Occupation* Liquor dealer.
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Timm.

Address #111 S Wash. St.

Remarks

31311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 1
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th May 1879
4. Place of Birth (Street and Number)	no. 30 N. Chapel St.
5. Full Name of Mother	Elenore Nordbruch
6. Mother's Maiden Name	Fuchs
7. Mother's Birthplace	Germany
8. Full Name of Father	Henri H. J. Nordbruch
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. P. Lloyd M. D.
Address	406 E. Balto. St.
Remarks	Ac Shoulder presentation, Child died during delivery, Cause, Compression of Cord

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30th 1879
4. Place of Birth (Street and Number)	337 Hanover St
5. Full Name of Mother	Lizzie Stilwell
6. Mother's Maiden Name	Lizzie Howard
7. Mother's Birthplace	Md
8. Full Name of Father	Jas. Stewart
9. Father's Occupation	Bait Keeper
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D.
Address	17 Bream Av
Remarks	

RETURN OF A BIRTH.

31313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 A Child
1. Sex (state whether Male or Female)	Girle
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 May 1879
4. Place of Birth (Street and Number)	No 414 Chestnut St
5. Full Name of Mother	Catharine Sadler
6. Mother's Maiden Name	Catharine Weller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Weller
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Magruder
Address	Russell St No 90
Remarks	

RETURN OF A BIRTH.

213111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3, 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30th 1879
4. Place of Birth (Street and Number)	Charles st. No. 250 Baltimore
5. Full Name of Mother	Sophia Benson
6. Mother's Maiden Name	" Harris
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Harris
9. Father's Occupation	Whip Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 220 Montgomery st Balto
Remarks	

RETURN OF A BIRTH.

31315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 3 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 30th 1879
4. *Place of Birth (Street and Number)*	#212 Rec St.
5. *Full Name of Mother*	Lucy Priscilla Pettus
6. *Mother's Maiden Name*	Lucy Priscilla Perkins
7. *Mother's Birthplace*	Hanover County Virginia
8. *Full Name of Father*	Henry Pettus
9. *Father's Occupation*	Comb Maker
10. *Father's Birthplace*	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return.	Chas E Sadtler M.D
Address	Dispensary University Md
Remarks	

RETURN OF A BIRTH.

31316

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30th 1879
4. *Place of Birth (Street and Number)* 43 Burke st.
5. *Full Name of Mother* Friedericke Wolf
6. *Mother's Maiden Name* " Beckerman
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Dohn Wolf
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 245 Canton Ave

Remarks

31317

JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30th 1879
4. *Place of Birth (Street and Number)* 158 E Pratt str
5. *Full Name of Mother* Rose Betetor
6. *Mother's Maiden Name* " Eratto
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Stephan Betetor
9. *Father's Occupation* Peanut vender
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bete

Address 245 Canton ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31318

JUN 3 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30 1879
4. *Place of Birth (Street and Number)* No 2 Holemans Ct
5. *Full Name of Mother* Minna W. Wibel
6. *Mother's Maiden Name* " Senky
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Wibel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 2405 Canton Ave

Remarks

31319

RETURN OF A BIRTH.

JUN 9 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30 st 1879
4. Place of Birth (Street and Number)	No 133. Hanover st
5. Full Name of Mother	Mary Parcks
6. Mother's Maiden Name	Mary Kissin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Parcks
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

31320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 May
4. *Place of Birth (Street and Number)* 1. Holt Str
5. *Full Name of Mother* Josephina Lavicka
6. *Mother's Maiden Name* Holt
7. *Mother's Birthplace* Kuny Bohemia
8. *Full Name of Father* Anton Lahnicka
9. *Father's Occupation* ~~Farmer~~ Laborer
10. *Father's Birthplace* Radosovic Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes Str

Remarks

RETURN OF A BIRTH.

31321

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 30th 1879.
4. Place of Birth (Street and Number) No. 209. N. Dallas St.
5. Full Name of Mother Jane Walls.
6. Mother's Maiden Name Jane Thompson.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Phillip Walls.
9. Father's Occupation Waiter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. G. W. Taylor M. D.

Address 210. N. Broadway

Remarks

RETURN OF A BIRTH.

31322
31323 over

HEALTH DEPT. JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name - Kate L.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth & Tenth

1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race)
3. Date of Birth May 30 1879
4. Place of Birth (Street and Number) No 144 Chew Street
5. Full Name of Mother Laura V. Taylor
6. Mother's Maiden Name Laura V. Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father George T. Taylor
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh st

Remarks Names undecided

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

313211

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 20 - 1879 ; 8:25 P. M.

4. Place of Birth (Street and Number) No. 207 Burgundy Street

5. Full Name of Mother Caroline Nary

6. Mother's Maiden Name Collins

7. Mother's Birthplace New Orleans, La.

8. Full Name of Father Edward Nary

9. Father's Occupation Shoemaker

10. Father's Birthplace Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. Dr. T. Elderdice M.D.

Address 106 Columbia Avenue

Remarks Child in good physical condition, & living

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Records of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

31325

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 28th 1879; 11:15 A. M.
4. *Place of Birth* (Street and Number) N.W. Cor. McHenry & Fremont Sts.
5. *Full Name of Mother* Matilda Seegers
6. *Mother's Maiden Name* Key
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Seegers
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thos. Alderdice M.D.

Address 106 Columbia Avenue

Remarks Child in good physical condition, and living

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31326

HEALTH DEPARTMENT
MAY
31
1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 31st 1879
4. Place of Birth (Street and Number)	361 N. Broadway
5. Full Name of Mother	Elizabeth Ann Blanchard
6. Mother's Maiden Name	McIntosh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isaac Blanchard
9. Father's Occupation	Com. Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. W. White, M.D.
Address	N. Broadway 361
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31327

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 27 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31. 1879
4. Place of Birth (Street and Number)	* 520 Druid Hill av.
5. Full Name of Mother	Catherine V. Eigelberner
6. Mother's Maiden Name	" " Stidham
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos. F. Eigelberner
9. Father's Occupation	Agent
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	* 305 N. Caroline St.
Remarks	

31328

JUN 7 1879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one of 6 year and one of 2 year

1. *Sex (state whether male or female)* 2 female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Mg 31 Male 1/4 Part 4 in the Morning. White. Saturday
4. *Place of Birth (Street and Number)* Baltimore No 313 Franklin St
5. *Full Name of Mother* Marcy Dolch
6. *Mother's Maiden Name* Marcy Miller
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* J. W. Dolch
9. *Father's Occupation* Processes
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Hunter

Address 21 No Appleton Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the. 31. 1879.
4. *Place of Birth (Street and Number)* N. Dallas St. No 49.
5. *Full Name of Mother* Elisabetha Roth.
6. *Mother's Maiden Name* Elisabetha Lein
7. *Mother's Birthplace* Bury Gemünden. Gr. Hessen. Germany
8. *Full Name of Father* Conrad Roth.
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Wannfeld Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

91830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 31st 1879
4. Place of Birth (Street and Number) No 12 Commerce st
5. Full Name of Mother Elizabeth Berger
6. Mother's Maiden Name Elizabeth Goche
7. Mother's Birthplace Germany
8. Full Name of Father John Berger
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Irene Hillegeist

Address 1-82 E Monument st

Remarks

31331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31st May 1879.
4. *Place of Birth (Street and Number)* York road.
5. *Full Name of Mother* Julia Coll
6. *Mother's Maiden Name* Julia Stewart
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Edward Coll
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M D

Address this gentleman has bought a 258 W Fayette St

Remarks place on the York road, and if placed in the with County life will make it a permanent residence. I did not know whether to report such a case or not.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31332

HEALTH DEPT. JUN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31st of May
4. *Place of Birth (Street and Number)* 88 Parkin street
5. *Full Name of Mother* Jane Sophia Little
6. *Mother's Maiden Name* Jane Sophia Keller
7. *Mother's Birthplace* Frederick City, Md.
8. *Full Name of Father* Ephraim Hanaway Little
9. *Father's Occupation* Printer
10. *Father's Birthplace* Gettysburg, Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Mercer

Address 136 McHenry street

Remarks Mother and baby doing well.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

91333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31st. May 1879
4. Place of Birth (Street and Number)	71 S. Ann St.
5. Full Name of Mother	Ann Virginia Sampen Graham
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Alexander Abel Sampen
9. Father's Occupation	Ship Joiner
10. Father's Birthplace	St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. L. Lewis M.D.
Address	406 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Records of Vital Statistics in the City of Baltimore.

31334

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 31st 1879

4. Place of Birth (Street and Number) 36 Benny St

5. Full Name of Mother Ellen Ford

6. Mother's Maiden Name McConnor

7. Mother's Birthplace Ireland

8. Full Name of Father Martin Ford

9. Father's Occupation Engineer

10. Father's Birthplace U. S. America

Name of Medical Attendant, or other Person who makes this Return. E. J. Williams M.D.

Address 17 Patuxent St

Remarks The above is one of twins - both dying in about six hours

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31335

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 31st 1879
4. Place of Birth (Street and Number) 36 Benny St
5. Full Name of Mother Ellen Ford
6. Mother's Maiden Name McConnor
7. Mother's Birthplace Ireland
8. Full Name of Father Martin Ford
9. Father's Occupation Engineer
10. Father's Birthplace U.S. America

Name of Medical Attendant, or other Person who makes this Return. E J Williams M.D.

Address 17 Raleigh St

Remarks One of twins — both dying in about six hours —

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

One 31336

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Margaret Ellen Linker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 31st 1879.
4. *Place of Birth (Street and Number)* 118 Central ave.
5. *Full Name of Mother* Ida L Linker
6. *Mother's Maiden Name* " " Rutter
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Paul Linker
9. *Father's Occupation* Dyer & Scourer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D

Address 2 N Broadway

Remarks

31337

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 31st 1879
4. *Place of Birth (Street and Number)* No 36 Guttmans alley.
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* Rittmiller
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* August Miller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31338

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 31 st 1879
4. *Place of Birth (Street and Number)* No 36 Belair av.
5. *Full Name of Mother* Julia Frank.
6. *Mother's Maiden Name* Ruppel
7. *Mother's Birthplace* America
8. *Full Name of Father* John Frank.
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 330 Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31337

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First,

1. *Sex (state whether male or female)* Female,
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 31st,
4. *Place of Birth (Street and Number)* Maternity Hospital 163 W. Lombard St,
5. *Full Name of Mother* Annie Austin,
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. J. H. Brayham M. D.

Address 163 W. Lombard St.

Remarks Mother and Child are doing well

31340

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 31st 1879
4. *Place of Birth (Street and Number)* No 28 St Register St
5. *Full Name of Mother* Theresa Schütz
6. *Mother's Maiden Name* " Roenig
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm Schütz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

313411

JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Fallen
3. *Date of Birth* 31 of May 1879
4. *Place of Birth (Street and Number)* No 14 Stirling St
5. *Full Name of Mother* Emma E. Williams
6. *Mother's Maiden Name* Emma E. Summerville
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Summerville
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rose [illegible]

Address Williams

Remarks No 70 Chesnut St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* May 31st 1879

4. *Place of Birth (Street and Number)* 201 Lexington St

5. *Full Name of Mother* Henrietta Stenfel

6. *Mother's Maiden Name* Kauffmann

7. *Mother's Birthplace* Germany

8. *Full Name of Father* G. J. Stenfel

9. *Father's Occupation* Restaurant

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Overcashier M.D.

Address 138 Penna Ave

Remarks

RETURN OF A BIRTH.

JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 31st
4. *Place of Birth (Street and Number)* 1149 Dover St
5. *Full Name of Mother* Emelia Schmidt
6. *Mother's Maiden Name* Burchen
7. *Mother's Birthplace* Penna
8. *Full Name of Father* Wm Schmidt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Mary Krol

Address 328 S. Eutaw St

Remarks

RETURN OF A BIRTH.

318111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31 1879
4. Place of Birth (Street and Number)	44 Stricker
5. Full Name of Mother	Ann S Hagarty
6. Mother's Maiden Name	Lennan
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	James Hagarty
9. Father's Occupation	Fireman on R R
10. Father's Birthplace	City Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Surgeon Patrick
Address	44 S Stricker St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 31 1879
4. *Place of Birth (Street and Number)* 164 Mc Culloh St.
5. *Full Name of Mother* Louise Perry Carson
6. *Mother's Maiden Name* L. P. McKay
7. *Mother's Birthplace* Georgia
8. *Full Name of Father* Wm H Harris Carson
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm H Howard M.D.

Address 161 Madison

Remarks

31314-6

RETURN OF A BIRTH.

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 6 1879 BALTIMORE

11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 District
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colerd
3. Date of Birth	May 31st 1879
4. Place of Birth (Street and Number)	Little Sharp Street No 42
5. Full Name of Mother	Mary Parker
6. Mother's Maiden Name	Mary Sidney
7. Mother's Birthplace	Richmond Count Va
8. Full Name of Father	Marshel Parker
9. Father's Occupation	Cook
10. Father's Birthplace	West Va
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stups
Address	42 Little Sharp Street
Remarks	

31347

RETURN OF A BIRTH.

JUN 6 1879

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May th 31st
4. *Place of Birth (Street and Number)* 56 Heuber st L. P. Bolto
5. *Full Name of Mother* Bridget O Byrne
6. *Mother's Maiden Name* Bridget Burke
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick O Byrne
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Margret Allle

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

313148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Fml.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	82 Block St 31 May 1879
4. *Place of Birth (Street and Number)*	82 Block St
5. *Full Name of Mother*	Matilda King
6. *Mother's Maiden Name*	Matilday Simmons
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles King
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louisa Smith
Address	Name of the child Christana King
Remarks	

RETURN OF A BIRTH.

31349

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(2d) Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 31st 1879
4. *Place of Birth (Street and Number)*	59 E. Fait st
5. *Full Name of Mother*	Hannah Kaufbecht
6. *Mother's Maiden Name*	Hannan
7. *Mother's Birthplace*	N. S.
8. *Full Name of Father*	Chas. F. Kaufbecht
9. *Father's Occupation*	Sock Keeper
10. *Father's Birthplace*	N. S.
Name of Medical Attendant, or other Person who makes this Return.	Wm. Sarah Casper
Address	59 E. Fait st
Remarks	Son alive died ten minutes after.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JUL
1915
BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

(state whether Male or Female) Female

ce or Color (if not of the white race) White

e of Birth March 20th 1879

lace of Birth (Street and Number) East Biddle - North Carolina

ull Name of Mother Elizabeth Smith

Mother's Maiden Name Elizabeth Burrell

Mother's Birthplace Virginia

8. Full Name of Father George C. Smith

9. Father's Occupation Jeweler Salesman & Watch maker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return L. D. Thomson M.D.

Address 187 N. Biddle St.

Remarks The child weighed 8 lbs. at birth and is well formed and healthy.

31351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 4th April
4. Place of Birth (Street and Number) 653 W. Fayette St.
5. Full Name of Mother Rose E Cunningham
6. Mother's Maiden Name R. E. Gross
7. Mother's Birthplace Balto
8. Full Name of Father E. A Cunningham (Edwin)
9. Father's Occupation Sewing Machine Agent
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings

Address 274 Madison Ave

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Femaie)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th April
4. *Place of Birth (Street and Number)* 452 Lanvale St near Fulton
5. *Full Name of Mother* Emily Sollers
6. *Mother's Maiden Name* Irwin
7. *Mother's Birthplace* Md
8. *Full Name of Father* Basil Sollers Jr
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. H. W. Wingo

Address 274 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG. 4
1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 26th 1879
4. Place of Birth (Street and Number)	512 Light St.
5. Full Name of Mother	Emma Dimbling
6. Mother's Maiden Name	Downs
7. Mother's Birthplace	Maryland
8. Full Name of Father	Frederick Dimbling
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Robt. P. Ellis M.D.
Address	315 Light St.
Remarks	

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 27th 1879
4. *Place of Birth (Street and Number)*	Cottage — Hanover st extended.
5. *Full Name of Mother*	Dora Tormullen
6. *Mother's Maiden Name*	" Langrill
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Francis Tormullen
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. H. P. Ellis M.D.
Address	315 Light St.
Remarks	

RETURN OF A BIRTH.

31355

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 1 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether *Male* or *Female*)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	28th April
4. *Place of Birth* (Street and Number)	124 Pearl St.
5. *Full Name of Mother*	Mary R. Kent
6. *Mother's Maiden Name*	Richardson
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Thomas E. Kent
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	W. W. Owings
Address	274 Madison Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

31356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 29th
4. *Place of Birth (Street and Number)*	13 Williamson St
5. *Full Name of Mother*	Mary Radford
6. *Mother's Maiden Name*	Mary J Russell
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michael Russell
9. *Father's Occupation*	Mechanic
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	R. C. P. Elliott M.D.
Address	315 Light St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31357

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female.
2. Race or Color (if not of the white race) white
3. Date of Birth 15 May 1879
4. Place of Birth (Street and Number) Barnes Street, No 18.
5. Full Name of Mother sophie stwa
6. Mother's Maiden Name Otenašek,
7. Mother's Birthplace stelhlowitz,
8. Full Name of Father Thomas Fuka, Otenašek
9. Father's Occupation labor, Annie ~~Renasek~~
10. Father's Birthplace Jetelitz

Name of Medical Attendant, or other Person who makes this Return. Any Otenašek

Address No 10 Abbott street,

Remarks

31358

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 31th 1879
4. *Place of Birth (Street and Number)* 301 Forrest St. Balto.
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Philip Unglaub
9. *Father's Occupation* Locomotive Engineer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. I. D. Thomson

Address 187 W. Biddle St

Remarks Natural labor - Healthy child.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 – 2nd child

1. Sex (state whether Male or Female) Male child
2. Race or Color (if not of the white race) White
3. Date of Birth June 1st 1879
4. Place of Birth (Street and Number) Balt city Hughes st No 120.
5. Full Name of Mother Mary Elon Messick
6. Mother's Maiden Name Mary Elom Hatton
7. Mother's Birthplace Prince George Co. Md
8. Full Name of Father Solloman Whinright Messick
9. Father's Occupation Salor
10. Father's Birthplace ~~[illegible]~~) Dochester Co. Md

Name of Medical Attendant, or other Person who makes this Return. Mary Conway

Address 131 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31360

HEALTH DEPARTMENT
JUN 16 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	F.
2. *Race or Color (if not of the white race)*	W.
3. *Date of Birth*	June 12th 1879.
4. *Place of Birth (Street and Number)*	430. E. Chase St.
5. *Full Name of Mother*	Lena
6. *Mother's Maiden Name*	Low
7. *Mother's Birthplace*	Balt. Co.
8. *Full Name of Father*	Wm Powell
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	H. L. Reynolds M.D.
Address	186 Aisquith St
Remarks	

31361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 6 1879

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) NN

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) NN
3. Date of Birth June 1st 1879
4. Place of Birth (Street and Number) 22 Fairmount Avenue
5. Full Name of Mother Mary E Shipley
6. Mother's Maiden Name Mary E Cole
7. Mother's Birthplace Baltimore
8. Full Name of Father James B Shipley
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn M.D.

Address 335 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* June 12th 1879
4. *Place of Birth (Street and Number)* Gay St 476
5. *Full Name of Mother* Carlina Bucher
6. *Mother's Maiden Name* " Hance
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Frederick Bucher
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Baden

Name of Medical Attendant, or other Person who makes this Return. Wm Ross Alling

Address 48 Rolland

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 1st June 1st 1879
4. Place of Birth (Street and Number) Corner Rose & Alice Anna Streets
5. Full Name of Mother Catherine Seibert
6. Mother's Maiden Name Catherine New
7. Mother's Birthplace Germany
8. Full Name of Father August Seibert
9. Father's Occupation Hostler
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gray

Address No 193 South Chester Street

Remarks Healthy Vigorous Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

313644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 June 1879
4. *Place of Birth (Street and Number)* 58 Exeter St
5. *Full Name of Mother* Lara Fowler
6. *Mother's Maiden Name* Hayes
7. *Mother's Birthplace* U S
8. *Full Name of Father* Robert Fowler
9. *Father's Occupation* Farmer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lara Fowler

Address 52 E Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 31363

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 1st 1879
4. Place of Birth (Street and Number)	S.E. Cor Eden & McDonogh st
5. Full Name of Mother	Mary Ann Tyler
6. Mother's Maiden Name	Mary Ann Lemmerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George M Tyler
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	291 McDonogh st
Remarks	Child not Named

RETURN OF A BIRTH.

31366

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex (state whether Male or Female)* Male "
2. *Race or Color (if not of the white race)* White "
3. *Date of Birth* June 1 d. 1879
4. *Place of Birth (Street and Number)* Hamstetstr. nr. Wolf n. ab.
5. *Full Name of Mother* Erle Schambnes
6. *Mother's Maiden Name* Erle Simers
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Gorschwoe Schambnes
9. *Father's Occupation* Blatkschmid
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bondstr.

Remarks

Post Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31367

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Rec'd Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1st 1879
4. *Place of Birth (Street and Number)* 557 Franklin St
5. *Full Name of Mother* Hallie Brown Wasley
6. *Mother's Maiden Name* Hallie Brown Trainer
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Benjamin H. Wasley
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. G. L. Hammer

Address 189 Lanvale St

Remarks

RETURN OF A BIRTH.

31368

HEALTH DEPARTMENT
JUN 3 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 1879.
4. Place of Birth (Street and Number)	No. 120 German St.
5. Full Name of Mother	Fanny Stern
6. Mother's Maiden Name	Hess
7. Mother's Birthplace	Germany
8. Full Name of Father	Levi Stern
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31369

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth June 1st 1879

4. Place of Birth (Street and Number) ~~Sophia~~ 44 W Biddle

5. Full Name of Mother Sophia P. Duvall

6. Mother's Maiden Name Sophia Post

7. Mother's Birthplace Baltimore

8. Full Name of Father Ridgely Duvall

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C B Gamble Med

Address 108 Cathedral

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31370

HEALTH DEPARTMENT
JUN 4 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 3d 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 1st 1879.
4. Place of Birth (Street and Number) 201 South Broadway.
5. Full Name of Mother Emma Schmidt.
6. Mother's Maiden Name Emma Bachmann.
7. Mother's Birthplace Germany.
8. Full Name of Father Henry Schmidt.
9. Father's Occupation Restaurant.
10. Father's Birthplace Germay.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 131 South Wolfe Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

51371

HEALTH DEPARTMENT
JUN
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1st 1879
4. *Place of Birth (Street and Number)* 321 Hollins st
5. *Full Name of Mother* Emma J Davis
6. *Mother's Maiden Name* Emma J Hadaway
7. *Mother's Birthplace* Kent Co Md
8. *Full Name of Father* Wm E Davis
9. *Father's Occupation* Iron work
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. James Bosley M.D.

Address 317 Hollins st Baltimore

Remarks

RETURN OF A BIRTH.

31372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
5
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st June 1879
4. Place of Birth (Street and Number) No 147 Saratoga st.
5. Full Name of Mother Mrs Katie Gaggin
6. Mother's Maiden Name Katie Murphy
7. Mother's Birthplace Ireland
8. Full Name of Father Wm Gaggin
9. Father's Occupation Manager of Turkish Baths
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Cath. Barlage

Address No 4 Rock st

Remarks Mother and Child Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

31373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) lewen Chile

1. *Sex (state whether Male or Female)* female Chile
2. *Race or Color (if not of the white race)* it is a colored Chile
3. *Date of Birth* it was Born June 1 1879
4. *Place of Birth (Street and Number)* Pamberly Baltimore City St
5. *Full Name of Mother* Lucy Butler darter liser frambes
6. *Mother's Maiden Name* Mis Diner Camper
7. *Mother's Birthplace* Prince George County Va
8. *Full Name of Father* Mr Richard Butler
9. *Father's Occupation* his occupation ~~[illegible]~~ a oyster
10. *Father's Birthplace* Prince George County Va Sulpen

Name of Medical Attendant, or other Person who makes this return

Address Wellcomaby 83 Pamberly St no 6-13

Remarks " " " "

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31374

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 1879
4. Place of Birth (Street and Number)	130 Penna. Avenue
5. Full Name of Mother	Ida Badger.
6. Mother's Maiden Name	Ramsey
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Charles L. Badger.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2137 5

HEALTH DEPARTMENT JUN 13 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1st 1879
4. *Place of Birth (Street and Number)* 13 N. Washington st
5. *Full Name of Mother* Sallie H Sims
6. *Mother's Maiden Name* " Griffith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* N. C. Sims
9. *Father's Occupation* Marble Contractor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams M.D.

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH.

31376

JUL 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 1 1879
4. Place of Birth (Street and Number)	227 N Eden Street
5. Full Name of Mother	Anna M Baird
6. Mother's Maiden Name	Anna M Herlenbaker
7. Mother's Birthplace	Maryland
8. Full Name of Father	James C Baird
9. Father's Occupation	Blacksmith
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Atwell
Address	286 McDonough st
Remarks	(Child Not Named Yet)

31377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 1st 1879.
4. *Place of Birth (Street and Number)* 49 Portland st.
5. *Full Name of Mother* Minnie Mehner
6. *Mother's Maiden Name* Minnie Wimmer
7. *Mother's Birthplace* City of Baltimore.
8. *Full Name of Father* Herman Mehner
9. *Father's Occupation* Coach Maker
10. *Father's Birthplace* Saxony - Germany.

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 8 Leadenhallstrit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 24 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) first

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 1st
4. *Place of Birth (Street and Number)* No. 20. Woodyear St. Balto. cty
5. *Full Name of Mother* Caroline Arnold.
6. *Mother's Maiden Name* Caroline Hilgefort.
7. *Mother's Birthplace* Cincinnati,
8. *Full Name of Father* Marthin Arnold.
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Dürn. Baden.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler,

Address 60 Schroder St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st of June.
4. *Place of Birth (Street and Number)* 33 Wadkins Alley.
5. *Full Name of Mother* Lilia Clark.
6. *Mother's Maiden Name* Jennings.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Owen Clark.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31350

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 1st
4. *Place of Birth (Street and Number)* 231 Hughes St.
5. *Full Name of Mother* Roxanna Jolly
6. *Mother's Maiden Name* Roxanna Brown
7. *Mother's Birthplace* Frankfort Kentucky
8. *Full Name of Father* William S Jolly
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Lucy Upsher

Address 150 S. Eutaw

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31351

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) N 1

1. *Sex (state whether Male or Female)* Reamit Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* June 1th 1879
4. *Place of Birth (Street and Number)* Baltimore M.D. cor montgomery
5. *Full Name of Mother* Mrs Eloza M. Cole 2R & China sts no 19
6. *Mother's Maiden Name* Eloza M. Easton
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* John W. Cole
9. *Father's Occupation* Fierman
10. *Father's Birthplace* Preston Cariline Co Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

31352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) .....

1. *Sex* (*state whether Male or Female*) .....
2. *Race or Color* (*if not of the white race*) .....
3. *Date of Birth* .....
4. *Place of Birth* (*Street and Number*) .....
5. *Full Name of Mother* .....
6. *Mother's Maiden Name* .....
7. *Mother's Birthplace* .....
8. *Full Name of Father* .....
9. *Father's Occupation* .....
10. *Father's Birthplace* .....

Name of Medical Attendant, or other Person who makes this return .....

Address .....

Remarks .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

31313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 1 – 1879

4. Place of Birth (Street and Number) 276 Park Avenue

5. Full Name of Mother Lydia Ann Stoop

6. Mother's Maiden Name " " Mallower

7. Mother's Birthplace Susquehanna T-Ship Dauphin Co Pa

8. Full Name of Father John Frederic Stoop

9. Father's Occupation ~~[illegible]~~ Brakesman

10. Father's Birthplace Harrisburg Pa

Name of Medical Attendant, or other Person who makes this Return. M. E. Reder M.D.

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

313811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 9 1879
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 2nd 1879
4. Place of Birth (Street and Number) No 12 Orleans St
5. Full Name of Mother Mrs Sophia Cramer
6. Mother's Maiden Name " " " Herkle
7. Mother's Birthplace Germany
8. Full Name of Father John H Cramer
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 52 S. Bond St

Remarks Baltimore Md

31385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 2nd 1879.
4. *Place of Birth* (Street and Number)	932 n Baltimore st
5. *Full Name of Mother*	Susan Miller
6. *Mother's Maiden Name*	Susan Green
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Louis H. Miller
9. *Father's Occupation*	Brick Layer
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Margt. A. Richmond
Address	185 Lee st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

31356

JUN 7 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2
4. *Place of Birth (Street and Number)* no 89 Lumbert St
5. *Full Name of Mother* Emma Gaulhart
6. *Mother's Maiden Name* Weulans
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Gaulhart
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address no 70 Granby St

Remarks

RETURN OF A BIRTH.

31387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 9 1879
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 2 nd
4. Place of Birth (Street and Number)	397 E. Chase St
5. Full Name of Mother	Annie E Ingleson
6. Mother's Maiden Name	Annie E Ecklesworth
7. Mother's Birthplace	Wicomico County Md.
8. Full Name of Father	John C. Ingleson
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E Price
Address	210 N. Broadway
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

31388

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2nd 1879.
4. *Place of Birth (Street and Number)* Nr 616 W. Fayette St. Balt. Md.
5. *Full Name of Mother* Margaret Ann Addison
6. *Mother's Maiden Name* " " Grubb.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Geo. M. Addison
9. *Father's Occupation* ~~~~
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M. D.

Address Nr 203 N. Lombard St.

Remarks

RETURN OF A BIRTH.

21359

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 2 1879
4. *Place of Birth (Street and Number)* 383 orleans street
5. *Full Name of Mother* Catherine A Webster
6. *Mother's Maiden Name* Catherine A Hitchins
7. *Mother's Birthplace* Summerset County
8. *Full Name of Father* John R webster
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Summerset County

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Arlington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

31390

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	W
3. *Date of Birth*	2nd June 1879
4. *Place of Birth (Street and Number)*	166 Hanover
5. *Full Name of Mother*	Teresa Bach
6. *Mother's Maiden Name*	" Bartsch
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Isaac Bach
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster M.D.
Address	57 Barre
Remarks	

31391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 2. 1879
4. Place of Birth (Street and Number)	34 harmony lane
5. Full Name of Mother	Jona Carr
6. Mother's Maiden Name	Jona. middleton
7. Mother's Birthplace	Prince Geo Co
8. Full Name of Father	henry Carr
9. Father's Occupation	Laborer
10. Father's Birthplace	west river
Name of Medical Attendant, or other Person who makes this Return.	Cholot Proctor
Address	No 10 Carlton st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 2nd 1879
4. *Place of Birth (Street and Number)* No 130 Montgomery Street
5. *Full Name of Mother* Margret Wallace
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomack County Va
8. *Full Name of Father* Robert Wallace
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomack County Va

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3139.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2d 1879
4. *Place of Birth (Street and Number)* No 32 S. E. Pratt St
5. *Full Name of Mother* Emily A. Robertson
6. *Mother's Maiden Name* Mathiney
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hugh Robt.
9. *Father's Occupation* Lab.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wyley

Address No 12 Patterson Park Ave

Remarks

3135 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2nd 1879
4. Place of Birth (Street and Number)	25.3 Dallas St
5. Full Name of Mother	Martha A. Connard.
6. Mother's Maiden Name	Martha H. Huey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel H. Connard
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25½ Greenmount Ave
Remarks	"Vertex Presentation"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

31395

HEALTH DEPARTMENT
JUN 5 1879
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2nd of June 1879
4. *Place of Birth (Street and Number)* 300 East Alexander street
5. *Full Name of Mother* Anne Steinbauer
6. *Mother's Maiden Name* Anne Hornstein
7. *Mother's Birthplace* Cumberland
8. *Full Name of Father* William Hornstein
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Crescentia Rinehel

Address 77 North chappel st per Justina Rinehel

Remarks Healthy

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 chils

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 2 1879
4. *Place of Birth (Street and Number)* 340 esterman
5. *Full Name of Mother* hanner welch
6. *Mother's Maiden Name* hanner goren
7. *Mother's Birthplace* irland
8. *Full Name of Father* John welch
9. *Father's Occupation* laborer
10. *Father's Birthplace* irland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 2
4. *Place of Birth (Street and Number)*	208 Central Ave
5. *Full Name of Mother*	Kate Cogine
6. *Mother's Maiden Name*	Dustin
7. *Mother's Birthplace*	West Ireland
8. *Full Name of Father*	Patrick Cogine
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	West Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisone
Address	No 7 Forrest Place
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 2nd off June 1879
4. *Place of Birth (Street and Number)* No. 50. Thaw and Penn street.
5. *Full Name of Mother* Margrett Dieter
6. *Mother's Maiden Name* Margrett Mortell.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carlie Mortell.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Seelack

Address No. 437 West Pratt street.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 J June 1879
4. *Place of Birth (Street and Number)* 30 W. C. Elder
5. *Full Name of Mother* Lizzie L. Weybrandt
6. *Mother's Maiden Name* Lizzie C. Kibbler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Weybrandt
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 123 N. Cor [illegible]

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd June 1879.
4. Place of Birth (Street and Number)	136 Asquith
5. Full Name of Mother	Annie L. Reeder
6. Mother's Maiden Name	Annie L. McCafferty
7. Mother's Birthplace	Frederick Cty
8. Full Name of Father	Charles F. Reeder
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Wall
Address	126 N Cedar
Remarks	Balto

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7/1

31401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* In the E
4. *Place of Birth (Street and Number)* [illegible] Court
5. *Full Name of Mother* Mary Wiltam
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Robert Mitchell
8. *Full Name of Father*
9. *Father's Occupation* Hackcase
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Cormick

Address No 18 Gordon Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 3
4. *Place of Birth (Street and Number)* 187 Caroline St.
5. *Full Name of Mother* Mrs Magdelene Claudice
6. *Mother's Maiden Name* Magdelene Burnham
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Claudice
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Oliver

Address 286 E. Monument St.

Remarks

31403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 3d 1879.
4. *Place of Birth (Street and Number)* 63 S. Paca, St.
5. *Full Name of Mother* Margaret Kunkle.
6. *Mother's Maiden Name* " Zink.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Kunkle
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return R. J. H. Tall, M.D.

Address 152 S. Sharp St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

314014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED REGISTERED JUN 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3d of June 1879.
4. Place of Birth (Street and Number)	No 227 N. Fremont st.
5. Full Name of Mother	Annie S Briscoe
6. Mother's Maiden Name	Annie Sedgwick Kuppman
7. Mother's Birthplace	Balt. City
8. Full Name of Father	James Briscoe
9. Father's Occupation	Minister in Protestant Epis Church
10. Father's Birthplace	St Marys Co Md
Name of Medical Attendant, or other Person who makes this Return.	Geo C Cyle M D
Address	229 Cary st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BIRTH DEPARTMENT JUN 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 3d 79
4. *Place of Birth (Street and Number)* 182 Gough St
5. *Full Name of Mother* Catherine Gorton
6. *Mother's Maiden Name* " Mahony
7. *Mother's Birthplace* City
8. *Full Name of Father* Georg H Gorton
9. *Father's Occupation* Officer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bets

Address 245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31406
31407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Form Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd " Confinement Twins

1. *Sex (state whether male or female)* Male and Female
2. ~~*Race or Color (if not of* the white race)~~
3. *Date of Birth* 3rd " June 1899.
4. *Place of Birth (Street and Number)* 317 Hamburg st.
5. *Full Name of Mother* Maggie Becker
6. *Mother's Maiden Name* " Bursch
7. *Mother's Birthplace* Prussia Germany
8. *Full Name of Father* Charles Becker.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Kur - Hesse - Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Koch

Address 328 South Exeter st

Remarks

RETURN OF A BIRTH.

31408

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 1924

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Tuesday June 3rd 1924
4. Place of Birth (Street and Number)	422 Lexington St
5. Full Name of Mother	Mrs Mary Comey
6. Mother's Maiden Name	Mary Lauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr Peter Comey
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Fullerkamp
Address	Spring Hall
Remarks	569 West Fayette St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31409

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 3. 1879.
4. *Place of Birth (Street and Number)*	N.E. Cor. Aun & Lombard Sts.
5. *Full Name of Mother*	Lottie V. Hancock.
6. *Mother's Maiden Name*	Lottie V. Cook.
7. *Mother's Birthplace*	Maryland.
8. *Full Name of Father*	Scott. R. Hancock.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hancock M.D.
Address	75 E. Balti[illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 3th
4. Place of Birth (Street and Number) No 12 N. Poppleton St.
5. Full Name of Mother Mrs Hogan
6. Mother's Maiden Name L. S. Cavanagh
7. Mother's Birthplace Baltimore City
8. Full Name of Father N. G. Hogan
9. Father's Occupation Fireman
10. Father's Birthplace Richmond va

Name of Medical Attendant, or other Person who makes this Return. Mrs R Hunter

Address 21 N Poppleton St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3/11/11

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd 1879
4. Place of Birth (Street and Number)	401 Light
5. Full Name of Mother	Annie Vanlill
6. Mother's Maiden Name	Annie Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Stephen J. Vanlill
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) 6th

1. Sex (state whether Male or ~~Female~~) "
2. Race or Color (if not of the white race) White
3. Date of Birth June 3rd 1879
4. Place of Birth (Street and Number) 71 Hollins St
5. Full Name of Mother Regina Levey
6. Mother's Maiden Name " Lyon
7. Mother's Birthplace Prague (Bohemia)
8. Full Name of Father Harry M. Levey
9. Father's Occupation Salesman
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. H. L. Spread Mrs

Address 379 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

3111 13

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord race
3. Date of Birth June the 3 1879
4. Place of Birth (Street and Number) regester St 128 Baltimore md
5. Full Name of Mother Liger Webb
6. Mother's Maiden Name Liger Earnest
7. Mother's Birthplace Baltimore md
8. Full Name of Father William Webb
9. Father's Occupation Wagnor
10. Father's Birthplace Carline County md

Name of Medical Attendant, or other Person who makes this Return. Lutinda Radford

Address 130 Regester St Baltimore md

Remarks

RETURN OF A BIRTH.

3141 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 7 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord race
3. Date of Birth June the 3.18.79
4. Place of Birth (Street and Number) 228 durham st Baltimore
5. Full Name of Mother Margret E Thomas
6. Mother's Maiden Name Margret Jane Clash
7. Mother's Birthplace dorchestor County and
8. Full Name of Father John Henry Thomas
9. Father's Occupation musisnor
10. Father's Birthplace Baltimore and

Name of Medical Attendant, or other Person who makes this Return. Lukinda Woolford

Address 130 regesstor st Baltimore and

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31415

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3. 1879
4. Place of Birth (Street and Number)	# 319 N. Eden St.
5. Full Name of Mother	Sallie E. Webb
6. Mother's Maiden Name	" " Evans
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Webb
9. Father's Occupation	Soap Manufacturer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hartman M.D.
Address	# 305 N Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

51416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 of June 1879
4. *Place of Birth (Street and Number)* 472 Canton Av.
5. *Full Name of Mother* Maggie Madekus
6. *Mother's Maiden Name* Maggie Feller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christ Madekus
9. *Father's Occupation* Gabora
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 & child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	3 of June 1879
4. *Place of Birth (Street and Number)*	478 Canton Av
5. *Full Name of Mother*	Maggie Kalmen
6. *Mother's Maiden Name*	Maggie Sinner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Kalmen
9. *Father's Occupation*	Labora
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address	No 12 Patterson Park Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31415

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 3. 1879.
4. *Place of Birth (Street and Number)* N. Bethel St. No 120
5. *Full Name of Mother* Anna Maria Foeckel
6. *Mother's Maiden Name* Anna Maria Schwartz
7. *Mother's Birthplace* Angersbach. Gr. Hessen. Germany
8. *Full Name of Father* Johannes Foeckel.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Angersbach. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Gallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3d. 1879
4. Place of Birth (Street and Number)	87 S. Stark St.
5. Full Name of Mother	Kate Shlercdh
6. Mother's Maiden Name	Kate Eckert.
7. Mother's Birthplace	Gemany
8. Full Name of Father	Michael Shlercdh
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	DrLaney A. Barclay M.D.
Address	47 Conway St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31420

HEALTH DEPT. JUN 5 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd of June 1879
4. Place of Birth (Street and Number) 7 North ~~[illegible]~~ Mertercanall
5. Full Name of Mother Clara Meyers
6. Mother's Maiden Name Clara Boberd
7. Mother's Birthplace Frenchland
8. Full Name of Father William B Roberd
9. Father's Occupation Scroll sawer
10. Father's Birthplace Baltimor Md.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel street per Justina Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31121

HEALTH DEPT. JUN 5 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 3rd 1879
4. *Place of Birth (Street and Number)* # 182 S. Chapel St
5. *Full Name of Mother* Margaret B. Michael
6. *Mother's Maiden Name* Margaret Beck
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Michel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Linne

Address # 171 S. Chapel West St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31422

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 3d 1879
4. Place of Birth (Street and Number) Baltimore 219 Wharton St
5. Full Name of Mother Mary Jane Renwick
6. Mother's Maiden Name " " Baltimore
7. Mother's Birthplace Baltimore
8. Full Name of Father John A. Renwick
9. Father's Occupation Cabinet Manufacturer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Prof. Wm. T. Howard

Address 181 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	June 3d 1879.
4. *Place of Birth (Street and Number)*	242 Townsend St.
5. *Full Name of Mother*	Sarah A. Sharp.
6. *Mother's Maiden Name*	Sarah A. Counselman
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Abraham Sharp.
9. *Father's Occupation*	Attorney at Law.
10. *Father's Birthplace*	Smyrna Del.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Powell M.D.
Address	227 Carrollton Ave
Remarks	Child Healthy.

31424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 3rd 1879
4. Place of Birth (Street and Number) 29 John st
5. Full Name of Mother Virginia Fisher
6. Mother's Maiden Name " Poor
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Fisher
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams M.D.

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd 79
4. Place of Birth (Street and Number)	28 S. Calhoun St
5. Full Name of Mother	Emma J. Gilbert
6. Mother's Maiden Name	" " Kaufman
7. Mother's Birthplace	Frederick City
8. Full Name of Father	James G Gilbert
9. Father's Occupation	Lumber Dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J G Womble M.D.
Address	No 200 W Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

311426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
10
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex (state whether male or female)* White
2. *Race or Color (if not of the white race)* June 4th 1879
3. *Date of Birth* June 4th White
4. *Place of Birth (Street and Number)* McElderry St. 15
5. *Full Name of Mother* Magentha Smith
6. *Mother's Maiden Name* " Lentz
7. *Mother's Birthplace* Corsica
8. *Full Name of Father* Nicholas Smith
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Corsica

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 78 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 4th 1879
4. *Place of Birth (Street and Number)* 108 S. Caroline St
5. *Full Name of Mother* Barbara Hofmeister
6. *Mother's Maiden Name* " Letterer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Hofmeister
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Bek

Address 245 Eastern Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 4th 1879
4. Place of Birth (Street and Number) No. Bank St
5. Full Name of Mother Louisa Weaver
6. Mother's Maiden Name — Lohmeier
7. Mother's Birthplace Baltimore City
8. Full Name of Father Philip Weaver
9. Father's Occupation Sea Captain
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. W. Gatley M.D.

Address 244 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31129

HEALTH DEPARTMENT JUN 16 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 4th
4. *Place of Birth (Street and Number)*	No 155 John St.
5. *Full Name of Mother*	Mary Pitt
6. *Mother's Maiden Name*	Person
7. *Mother's Birthplace*	N. Carolina
8. *Full Name of Father*	Charles H Pitt
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler
Address	135 N Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21430

HEALTH DEPARTMENT
JUL 5 1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 4th. 1879
4. *Place of Birth* (Street and Number) No. 332 N. Fayette Street
5. *Full Name of Mother* Mary Eschbach
6. *Mother's Maiden Name* " Davis
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Richard Eschbach
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. F. Neff

Address 306 N. Fayette Street

Remarks

31431

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 7 1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-6

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Date, of June 4th 1879
4. *Place of Birth (Street and Number)* 79 Elbow Lane
5. *Full Name of Mother* Virginia Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Butte City
8. *Full Name of Father* Isreal Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Butte City

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3111-32

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 2nd 1877
4. *Place of Birth (Street and Number)*	4 Gould Lane
5. *Full Name of Mother*	Julia Pearson
6. *Mother's Maiden Name*	Smith
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Robt Pearson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Chas Nash
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JUN 1879 BALTIMORE

31433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 June 1879
4. *Place of Birth (Street and Number)* 39 Pratt St
5. *Full Name of Mother* Elisabeth Smith
6. *Mother's Maiden Name* Hasken
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Smith
9. *Father's Occupation* Harnessmaker
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 10
4. *Place of Birth (Street and Number)* 64 N. Gay st. Balto. Md
5. *Full Name of Mother* Appolonia Haxel.
6. *Mother's Maiden Name* Schwing
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Philipp Haxel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lambert Reiß Hebamme

Address L. M.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4th 1879
4. *Place of Birth (Street and Number)* 65 Harrison Street
5. *Full Name of Mother* Fanny Gardner
6. *Mother's Maiden Name* Fanny Marks
7. *Mother's Birthplace* Neustad Rushish Polen
8. *Full Name of Father* Louis Gardner
9. *Father's Occupation* Tin Ware Peller
10. *Father's Birthplace* Neustad Rushish Polen

Name of Medical Attendant, or other Person who makes this Return. Herbert Weiß Hebamme

Address No 26 N Leiwickstrat Ld Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 12 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4th 1879
4. *Place of Birth (Street and Number)* 37 Augusta St
5. *Full Name of Mother* Ida Wright
6. *Mother's Maiden Name* " Catina
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos. Wright
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. J. Spencer M.D

Address 37 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th June 1879.
4. Place of Birth (Street and Number) 74 Millmont St.
5. Full Name of Mother Carrie Hunter
6. Mother's Maiden Name Carrie Lloyd
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Hunter
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address

Remarks 125 Hawkins

Balti

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th June 1879
4. Place of Birth (Street and Number)	329 E. Balt St
5. Full Name of Mother	Mary C. McNeal
6. Mother's Maiden Name	Mary C Valliant
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John B. McNeal
9 Father's Occupation	Baltimore Custom House
10. Father's Birthplace	Easting Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. N. Butler
Address	144 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31439
31440

JUN 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd & 3rd
1. Sex (state whether Male or Female)	Two (2) Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4th 1879
4. Place of Birth (Street and Number)	263 S. Ann St
5. Full Name of Mother	Anna Wallace
6. Mother's Maiden Name	Anna Hicks
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Wallace
9. Father's Occupation	Lime Kiln Worker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Baltimore June 4th 1879
4. *Place of Birth (Street and Number)* Baltimore 14 Spring St.
5. *Full Name of Mother* Susan Kling
6. *Mother's Maiden Name* Susan Ewalt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Kling
9. *Father's Occupation* Cook
10. *Father's Birthplace* Larkruhe Musherre of Bacon Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Jr. Bedford

Address 141 Orleans St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31442

JUN 13 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jun 4 d. 1879
4. Place of Birth (Street and Number)	Monument Str. near Schadang Str.
5. Full Name of Mother	Lina Rohl
6. Mother's Maiden Name	L. Flatteken
7. Mother's Birthplace	Germany
8. Full Name of Father	Johan Rohl
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 n. Bond Str.
Remarks	

31443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 9 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether male or female)* femall
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* June the 6·18·79
4. *Place of Birth (Street and Number)* 15 South Regester St Baltimore
5. *Full Name of Mother* Martha Spence
6. *Mother's Maiden Name* Martha Lee
7. *Mother's Birthplace* Baltimore m d
8. *Full Name of Father* Benjoman Spence
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore m d

Name of Medical Attendant, or other Person who makes this Return, Lucinda Woolford

Address 130 Regester St. Baltimore M d

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. ~~*Race or Color (if not of*~~ *the white race)*
3. *Date of Birth* June 5th 1879
4. *Place of Birth (Street and Number)* Sterret st. bet. Columbia & Ramsey No Number
5. *Full Name of Mother* Wilhelmini Eichman
6. *Mother's Maiden Name* " Krantz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Eichmann
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Krohn

Address 328 South Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 June 1879
4. *Place of Birth (Street and Number)* 41 Pennsylvania Avenue
5. *Full Name of Mother* Maria Maier
6. *Mother's Maiden Name* " Seldner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Maier
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Engelbrecht

Address

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	W
3. *Date of Birth*	5th June 1879
4. *Place of Birth* (Street and Number)	102 Hamburg st
5. *Full Name of Mother*	Anne H. Troy
6. *Mother's Maiden Name*	" Holchuher
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Thomas Troy
9. *Father's Occupation*	Govt detective
10. *Father's Birthplace*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster M D
Address	67 Barre st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

31447

HEALTH DEPARTMENT JUL 7 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6 1879
4. Place of Birth (Street and Number)	Fort Road
5. Full Name of Mother	Elizabeth Hallin
6. Mother's Maiden Name	Elizabeth Linton
7. Mother's Birthplace	Md
8. Full Name of Father	John H Hallin
9. Father's Occupation	Laborer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. B. Noble
Address	17 Canton Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
5
1879
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th
4. Place of Birth (Street and Number)	No 70 S. Eutaw
5. Full Name of Mother	Delilah Cogswell
6. Mother's Maiden Name	" Beach
7. Mother's Birthplace	Virginia
8. Full Name of Father	Jno S. Cogswell
9. Father's Occupation	Oyster Packer.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J C Burch M D
Address	15 i Hanover St
Remarks	

RETURN OF A BIRTH.

31449

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 5th 1879
4. *Place of Birth* (Street and Number) N 430 Park Ave
5. *Full Name of Mother* Mary M. Wagner
6. *Mother's Maiden Name* Mary M. Fisher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Basil Wagner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Hatard M.D

Address N 114 Park Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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31450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Waite
3. *Date of Birth*	June 3
4. *Place of Birth* (Street and Number)	59 Boyd St.
5. *Full Name of Mother*	Julia Kairney.
6. *Mother's Maiden Name*	Julia Clancy
7. *Mother's Birthplace*	Ireland.
8. *Full Name of Father*	Michael Kairney
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Hunter
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 15th DAY Oct
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ENDING WITH # 3M515 ARE AC-
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BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

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OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
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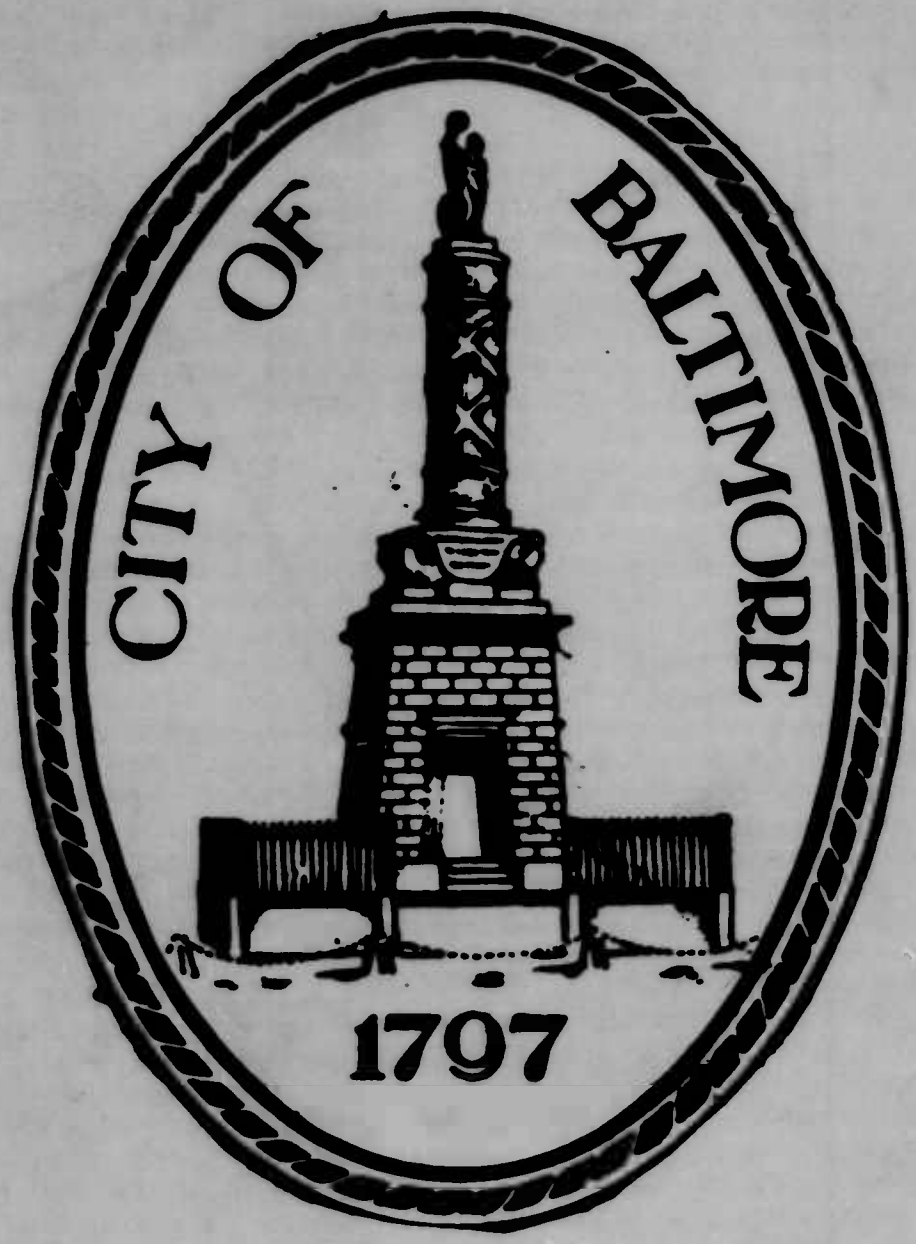
CAMERA OPERATOR: Ronald Shaffer



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